

BOPUK 531.01 \*  
PAGE 001 \*

INMATE HISTORY  
WRK DETAIL

\* 09-08-2006  
\* 07:45:01

REG NO.: 51627-060 NAME....: SIGGERS, KEVIN LAMAR  
CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP	DATE/TIME
MCK	I CABLE 1	CABLE 1	06-19-2006 0001	CURRENT	
MCK	I MILL 1	MILL 1	09-28-2005 0001	06-19-2006 0001	
MCK	VACATION	VACATION	09-26-2005 0001	09-28-2005 0001	
MCK	I MILL 1	MILL 1	07-27-2005 0001	09-26-2005 0001	
MCK	VACATION	VACATION	07-26-2005 0001	07-27-2005 0001	
MCK	I MILL 1	MILL 1	05-05-2005 0001	07-26-2005 0001	
MCK	I PROD.1	PRODUCTION 1	02-12-2005 0001	05-05-2005 0001	
MCK	VACATION	VACATION	02-10-2005 0001	02-12-2005 0001	
MCK	I PROD.1	PRODUCTION 1	09-28-2004 0001	02-10-2005 0001	
MCK	VACATION	VACATION	09-24-2004 0001	09-28-2004 0001	
MCK	I PROD.1	PRODUCTION 1	02-28-2004 0001	09-24-2004 0001	
MCK	IDLE	IDLE	02-26-2004 0800	02-28-2004 0001	
MCK	I PROD.1	PRODUCTION 1	01-12-2004 0001	02-26-2004 0800	
MCK	UNASSG	UNASSIGNED	12-23-2003 1021	01-12-2004 0001	
MCK	SHU UNASSG	SHU UNASSIGNED	11-18-2003 1200	12-23-2003 1021	
MCK	I MILL 1	MILL 1	03-14-2003 0001	11-18-2003 1200	
MCK	IDLE	IDLE	03-12-2003 0707	03-14-2003 0001	
MCK	I MILL 1	MILL 1	02-04-2003 0001	03-12-2003 0707	
MCK	IDLE	IDLE	02-03-2003 0649	02-04-2003 0001	
MCK	I MILL 1	MILL 1	11-24-2001 0001	02-03-2003 0649	
MCK	VACATION	VACATION	11-23-2001 0001	11-24-2001 0001	
MCK	I MILL 1	MILL 1	09-10-2001 0001	11-23-2001 0001	
MCK	IDLE	IDLE	09-07-2001 0853	09-10-2001 0001	
MCK	I MILL 1	MILL 1	08-24-2001 0001	09-07-2001 0853	
MCK	I PROD.1	PRODUCTION 1	06-22-2001 0001	08-24-2001 0001	
MCK	UNASSG	UNASSIGNED	06-20-2001 1123	06-22-2001 0001	
MCK	SHU UNASSG	SHU UNASSIGNED	05-24-2001 0826	06-20-2001 1123	
MCK	I PROD.1	PRODUCTION 1	03-06-2001 0001	05-24-2001 0826	
MCK	I MILL 1	MILL 1	01-10-2001 0001	03-06-2001 0001	

MCK	UNASSG	UNASSIGNED	01-09-2001 1000	01-10-2001 0001
MCK	SHU UNASSG	SHU UNASSIGNED	12-21-2000 1059	01-09-2001 1000
MCK	I MILL 1	MILL 1	09-20-2000 0001	12-21-2000 1059
MCK	I PROD.1	PRODUCTION 1	08-17-2000 0001	09-20-2000 0001
MCK	IDLE	IDLE	08-15-2000 0834	08-17-2000 0001
MCK	I PROD.1	PRODUCTION 1	06-29-2000 0001	08-15-2000 0834
MCK	KITCHEN AM	KITCHEN AM	02-15-2000 1421	06-29-2000 0001
MCK	DIN RM AM	DINING ROOM AM	12-31-1999 0001	02-15-2000 1421
MCK	CONV	CONVALESCENT	12-27-1999 0839	12-31-1999 0001
MCK	DIN RM AM	DINING ROOM AM	12-17-1999 0001	12-27-1999 0839
MCK	IDLE	IDLE	12-16-1999 0826	12-17-1999 0001
MCK	DIN RM AM	DINING ROOM AM	11-19-1999 1007	12-16-1999 0826

G0002 MORE PAGES TO FOLLOW . . .

BOPUK 531.01 *	INMATE HISTORY	*	09-08-2006
PAGE 002 OF 002 *	WRK DETAIL	*	07:45:01

REG NO.: 51627-060 NAME: SIGGERS, KEVIN LAMAR  
 CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT DESCRIPTION	START DATE/TIME	STOP DATE/TIME
MCK	FD SVC FOOD SERVICE	11-18-1999 0001	11-19-1999 1007
MCK	UNASSG UNASSIGNED	11-09-1999 1110	11-18-1999 0001
MCK	SHU UNASSG SHU UNASSIGNED	09-29-1999 2320	11-09-1999 1110
MCK	I ASEMBLY1 ASSEMBLY 1	09-28-1999 0001	09-29-1999 2320
MCK	VACATION VACATION	09-27-1999 0001	09-28-1999 0001
MCK	I ASEMBLY1 ASSEMBLY 1	06-09-1999 0001	09-27-1999 0001
MCK	IDLE IDLE	06-08-1999 0958	06-09-1999 0001
MCK	I ASEMBLY1 ASSEMBLY 1	05-25-1999 0001	06-08-1999 0958

MCK	I LAYUP 1	LAYUP 1	04-13-1999	1304	05-25-1999	0001
MCK	LAYUP 1	LAYUP 1	03-23-1999	0001	04-13-1999	1304
MCK	KITCHEN AM	KITCHEN AM	01-14-1999	0001	03-23-1999	0001
MCK	IDLE	IDLE	01-13-1999	0716	01-14-1999	0001
MCK	KITCHEN AM	KITCHEN AM	12-02-1998	0001	01-13-1999	0716
MCK	DIN RM AM	DINING ROOM AM	11-20-1998	1348	12-02-1998	0001
MCK	FD SVC	FOOD SERVICE	11-19-1998	0001	11-20-1998	1348
MCK	LAND IN 1	INSIDE LANDSCAPE FULL-TIME	11-05-1998	0001	11-19-1998	0001
MCK	LAND IN 2	INSIDE LANDSCAPE FULL-TIME	11-04-1998	0001	11-05-1998	0001
MCK	FACL	FACILITIES OFFICE	11-03-1998	0001	11-04-1998	0001
MCK	UNASSG	UNASSIGNED	10-28-1998	0001	11-03-1998	0001
MCK	A&O	ADMISSION & ORIENTATION	10-21-1998	1015	10-28-1998	0001
LEW	UNASSG	UNASSIGNED WORK DETAIL	10-13-1998	1921	10-21-1998	0516
OKL	UNASSG	UNASSIGNED HOLDOVER	09-23-1998	1800	10-13-1998	0830
ATL	UNASSG	UNASSIGNED WORK DETAIL	05-06-1998	0050	05-06-1998	0818
OKL	UNASSG	UNASSIGNED HOLDOVER	05-01-1998	1915	05-05-1998	0830
RCH	UNASSG	UNASSIGNED WORK DETAIL	03-26-1998	1851	05-01-1998	1508
OKL	UNASSG	UNASSIGNED HOLDOVER	03-18-1998	1815	03-26-1998	0920

G0000 TRANSACTION SUCCESSFULLY COMPLETED

BOPUK 540\*23 \* SENTENCE MONITORING \* 09-13-2006  
PAGE 001 \* COMPUTATION DATA \* 09:47:20  
AS OF 09-13-2006

REGNO...: 51627-060 NAME: SIGGERS, KEVIN LAMAR

FBI NO.....: 240532MA5 DATE OF BIRTH: 08-22-1970  
ARS1.....: MCK/A-DES  
UNIT.....: C QUARTERS.....: C03-129L  
DETAINERS.....: NO NOTIFICATIONS: NO

PRE-RELEASE PREPARATION DATE: 12-18-2006

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S CURRENT COMMITMENT.  
THE INMATE IS PROJECTED FOR RELEASE: 06-18-2007 VIA GCT REL

-----CURRENT JUDGMENT/WARRANT NO: 030 -----

COURT OF JURISDICTION.....: OHIO, NORTHERN DISTRICT  
DOCKET NUMBER.....: 4:97CR329  
JUDGE.....: GAUGHAN  
DATE SENTENCED/PROBATION IMPOSED: 08-05-1998  
DATE COMMITTED.....: 10-21-1998  
HOW COMMITTED.....: US DISTRICT COURT COMMITMENT  
PROBATION IMPOSED.....: NO

	FELONY ASSESS	MISDMNR ASSESS	FINES	COSTS
NON-COMMITTED.:	\$200.00	\$00.00	\$00.00	\$00.00
RESTITUTION...:	PROPERTY: NO	SERVICES: NO	AMOUNT:	\$1,268.00

-----CURRENT OBLIGATION NO: 010 -----

OFFENSE CODE.....: 554  
OFF/CHG: 18:2113(A)&(D) - ARMED BANK ROBBERY

SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE  
SENTENCE IMPOSED/TIME TO SERVE.: 57 MONTHS  
TERM OF SUPERVISION.....: 5 YEARS  
CLASS OF OFFENSE.....: CLASS B FELONY  
DATE OF OFFENSE.....: 10-08-1997

G0002 MORE PAGES TO FOLLOW . . .

BOPUK 540*23 *	SENTENCE MONITORING	*	09-13-2006
PAGE 002 *	COMPUTATION DATA	*	09:47:20
	AS OF 09-13-2006		

REGNO... 51627-060 NAME: SIGGERS, KEVIN LAMAR

-----CURRENT OBLIGATION NO: 020 -----

OFFENSE CODE.....: 130

OFF/CHG: 18:924(C)(1) - USE OF A FIREARM DURING A CRIME OF VIOLENCE

SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE  
SENTENCE IMPOSED/TIME TO SERVE.: 60 MONTHS  
TERM OF SUPERVISION.....: 5 YEARS  
CLASS OF OFFENSE.....: CLASS C FELONY  
RELATIONSHIP OF THIS OBLIGATION  
TO OTHERS FOR THE OFFENDER.....: CONSECUTIVE  
DATE OF OFFENSE.....: 10-08-1997

-----CURRENT COMPUTATION NO: 030 -----

COMPUTATION 030 WAS LAST UPDATED ON 10-27-1999 AT MCK AUTOMATICALLY

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN  
CURRENT COMPUTATION 030: 030 010, 030 020

DATE COMPUTATION BEGAN.....: 08-05-1998  
AGGREGATED SENTENCE PROCEDURE...: AGGREGATE GROUP 800 PLRA  
TOTAL TERM IN EFFECT.....: 117 MONTHS  
TOTAL TERM IN EFFECT CONVERTED...: 9 YEARS 9 MONTHS  
AGGREGATED TERM OF SUPERVISION...: 5 YEARS  
EARLIEST DATE OF OFFENSE.....: 10-08-1997

JAIL CREDIT.....:	FROM DATE	THRU DATE
	10-14-1997	08-04-1998

G0002 MORE PAGES TO FOLLOW . . .

MCK2G 531.01 \*  
PAGE 001 \*

INMATE HISTORY  
WRK DETAIL

\* 08-30-2006  
\* 15:00:43

REG NO.: 51627-060 NAME: SIGGERS, KEVIN LAMAR  
CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
MCK	I CABLE 1	CABLE 1	06-19-2006 0001	CURRENT
MCK	I MILL 1	MILL 1	09-28-2005 0001	06-19-2006 0001
MCK	VACATION	VACATION	09-26-2005 0001	09-28-2005 0001
MCK	I MILL 1	MILL 1	07-27-2005 0001	09-26-2005 0001
MCK	VACATION	VACATION	07-26-2005 0001	07-27-2005 0001
MCK	I MILL 1	MILL 1	05-05-2005 0001	07-26-2005 0001
MCK	I PROD.1	PRODUCTION 1	02-12-2005 0001	05-05-2005 0001
MCK	VACATION	VACATION	02-10-2005 0001	02-12-2005 0001
MCK	I PROD.1	PRODUCTION 1	09-28-2004 0001	02-10-2005 0001
MCK	VACATION	VACATION	09-24-2004 0001	09-28-2004 0001
MCK	I PROD.1	PRODUCTION 1	02-28-2004 0001	09-24-2004 0001
MCK	IDLE	IDLE	02-26-2004 0800	02-28-2004 0001
MCK	I PROD.1	PRODUCTION 1	01-12-2004 0001	02-26-2004 0800
MCK	UNASSG	UNASSIGNED	12-23-2003 1021	01-12-2004 0001
MCK	SHU UNASSG	SHU UNASSIGNED	11-18-2003 1200	12-23-2003 1021
MCK	I MILL 1	MILL 1	03-14-2003 0001	11-18-2003 1200
MCK	IDLE	IDLE	03-12-2003 0707	03-14-2003 0001
MCK	I MILL 1	MILL 1	02-04-2003 0001	03-12-2003 0707
MCK	IDLE	IDLE	02-03-2003 0649	02-04-2003 0001
MCK	I MILL 1	MILL 1	11-24-2001 0001	02-03-2003 0649
MCK	VACATION	VACATION	11-23-2001 0001	11-24-2001 0001
MCK	I MILL 1	MILL 1	09-10-2001 0001	11-23-2001 0001
MCK	IDLE	IDLE	09-07-2001 0853	09-10-2001 0001
MCK	I MILL 1	MILL 1	08-24-2001 0001	09-07-2001 0853
MCK	I PROD.1	PRODUCTION 1	06-22-2001 0001	08-24-2001 0001
MCK	UNASSG	UNASSIGNED	06-20-2001 1123	06-22-2001 0001
MCK	SHU UNASSG	SHU UNASSIGNED	05-24-2001 0826	06-20-2001 1123
MCK	I PROD.1	PRODUCTION 1	03-06-2001 0001	05-24-2001 0826
MCK	I MILL 1	MILL 1	01-10-2001 0001	03-06-2001 0001
MCK	UNASSG	UNASSIGNED	01-09-2001 1000	01-10-2001 0001
MCK	SHU UNASSG	SHU UNASSIGNED	12-21-2000 1059	01-09-2001 1000
MCK	I MILL 1	MILL 1	09-20-2000 0001	12-21-2000 1059
MCK	I PROD.1	PRODUCTION 1	08-17-2000 0001	09-20-2000 0001
MCK	IDLE	IDLE	08-15-2000 0834	08-17-2000 0001
MCK	I PROD.1	PRODUCTION 1	06-29-2000 0001	08-15-2000 0834
MCK	KITCHEN AM	KITCHEN AM	02-15-2000 1421	06-29-2000 0001
MCK	DIN RM AM	DINING ROOM AM	12-31-1999 0001	02-15-2000 1421
MCK	CONV	CONVALESCENT	12-27-1999 0839	12-31-1999 0001
MCK	DIN RM AM	DINING ROOM AM	12-17-1999 0001	12-27-1999 0839
MCK	IDLE	IDLE	12-16-1999 0826	12-17-1999 0001
MCK	DIN RM AM	DINING ROOM AM	11-19-1999 1007	12-16-1999 0826

G0002 MORE PAGES TO FOLLOW . . .

MCK2G 531.01 \* INMATE HISTORY \* 08-30-2006  
 PAGE 002 OF 002 \* WRK DETAIL \* 15:00:43

REG NO.: 51627-060 NAME: SIGGERS, KEVIN LAMAR  
 CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP	DATE/TIME
MCK	FD SVC	FOOD SERVICE	11-18-1999 0001	11-19-1999	1007
MCK	UNASSG	UNASSIGNED	11-09-1999 1110	11-18-1999	0001
MCK	SHU UNASSG	SHU UNASSIGNED	09-29-1999 2320	11-09-1999	1110
MCK	I ASEMBLY1	ASSEMBLY 1	09-28-1999 0001	09-29-1999	2320
MCK	VACATION	VACATION	09-27-1999 0001	09-28-1999	0001
MCK	I ASEMBLY1	ASSEMBLY 1	06-09-1999 0001	09-27-1999	0001
MCK	IDLE	IDLE	06-08-1999 0958	06-09-1999	0001
MCK	I ASEMBLY1	ASSEMBLY 1	05-25-1999 0001	06-08-1999	0958
MCK	I LAYUP 1	LAYUP 1	04-13-1999 1304	05-25-1999	0001
MCK	LAYUP 1	LAYUP 1	03-23-1999 0001	04-13-1999	1304
MCK	KITCHEN AM	KITCHEN AM	01-14-1999 0001	03-23-1999	0001
MCK	IDLE	IDLE	01-13-1999 0716	01-14-1999	0001
MCK	KITCHEN AM	KITCHEN AM	12-02-1998 0001	01-13-1999	0716
MCK	DIN RM AM	DINING ROOM AM	11-20-1998 1348	12-02-1998	0001
MCK	FD SVC	FOOD SERVICE	11-19-1998 0001	11-20-1998	1348
MCK	LAND IN 1	INSIDE LANDSCAPE FULL-TIME	11-05-1998 0001	11-19-1998	0001
MCK	LAND IN 2	INSIDE LANDSCAPE FULL-TIME	11-04-1998 0001	11-05-1998	0001
MCK	FACL	FACILITIES OFFICE	11-03-1998 0001	11-04-1998	0001
MCK	UNASSG	UNASSIGNED	10-28-1998 0001	11-03-1998	0001
MCK	A&O	ADMISSION & ORIENTATION	10-21-1998 1015	10-28-1998	0001
LEW	UNASSG	UNASSIGNED WORK DETAIL	10-13-1998 1921	10-21-1998	0516
OKL	UNASSG	UNASSIGNED HOLDOVER	09-23-1998 1800	10-13-1998	0830
ATL	UNASSG	UNASSIGNED WORK DETAIL	05-06-1998 0050	05-06-1998	0818
OKL	UNASSG	UNASSIGNED HOLDOVER	05-01-1998 1915	05-05-1998	0830
RCH	UNASSG	UNASSIGNED WORK DETAIL	03-26-1998 1851	05-01-1998	1508
OKL	UNASSG	UNASSIGNED HOLDOVER	03-18-1998 1815	03-26-1998	0920

G0000 TRANSACTION SUCCESSFULLY COMPLETED



**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report**

3 1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

2 2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26  
Enter 2 For Change In Employment Status, Complete Items 4-21, and 26  
Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26

1 3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19  
Enter 3 For Completion, Complete Items 4-6, 19  
Enter 4 For Withdrawal, Complete Items 4-6, 19, 22

4. Register Number

5. Resident Name (Last, First, Middle)

6. Institution Code

5 1 6 2 7 - 0 6 0

S I G G E R S , K E V I N

2 3 1

**Action Recommended**

From:

7. Job Number 8. Grade 1 - 4 9. Industry Code 10. Wage Plan 11. Dot Code 12. Position Title

0 1 2 2 M C F T 1 7 6 9 6 8 7 0 5 4 W D W R K S H O P H A N D

1 = Hourly

2 = G.P.W.

3 = P.W.

X = Apprentice

To:

13. Job Number 14. Grade 1 - 4 15. Industry Code 16. Wage Plan 17. Dot Code 18. Position Title

19. Effective Date Month, Day, Year 20. Time of Action 21. Check One: AM PM

0 1 - 1 2 - 0 4

M C F T

X

## 22. Reason For Termination Of Employment Or Withdrawal

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  
5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

## 23. Continuation of Longevity Status

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

1 1 - 1 2 - 0 4

24. Date Of Enrollment Month, Day, Year

1 1 1 1

25. Total Inmate Hours Involved

## 26. Signatures:

Recommended By [Signature] ForemanDate: 1-17-04Approved By [Signature] Plant SuperintendentDate: 1-17-04Approved By [Signature] Ass't Supt. Or Business Mgr.Date: 1-17-04Entered On Payroll Records [Signature] TimekeeperDate: 1-17-04

**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report**

**3** 1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

**3** 2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26  
Enter 2 For Change In Employment Status, Complete Items 4-21, and 26  
Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26

**3** 3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19  
Enter 3 For Completion, Complete Items 4-6, 19  
Enter 4 For Withdrawal, Complete Items 4-6, 19, 22

4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code  
 5 1 6 2 7 - 0 6 9 S I G G E R S , K E V I N 2 3 1

**Action Recommended**From:

7. Job Number 8. Grade 1 - 4 9. Industry Code 10. Wage Plan 11. Dot Code 12. Position Title  
 0 1 2 2 M C F T 1 7 6 9 6 3 7 0 5 4 W D W R K S H O P H A N D

1 = Hourly  
2 = G.P.W. X = Apprentice  
3 = P.W.

To:

13. Job Number 14. Grade 1 - 4 15. Industry Code 16. Wage Plan 17. Dot Code 18. Position Title  
 19. Effective Date Month, Day, Year 20. Time of Action 21. Check One: AM PM  
 1 2 - 1 9 - 0 3 0 7 1 0 X

**3** 22. Reason For Termination Of Employment Or Withdrawal  
 1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  
 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

**D** 23. Continuation of Longevity Status  
 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

**26. Signatures:**Recommended By [Signature] ForemanDate: 12/19/03Approved By [Signature] Plant SuperintendentDate: 12/19/03Approved By [Signature] Ass't Supt. Or Business Mgr.Date: 12/19/03Entered On Payroll Records [Signature] TimekeeperDate: 12/19/03

**UNICOR McKean**  
**Federal Prison Industries, Inc.**  
**Federal Correctional Institution**  
**McKean, Pa. 16701**

**JOB DESCRIPTION REPORT**

Inmate's Name: Kevin Siggers Register Number: 51627-060  
Institution Code: 231 Industry Code: MCFT

Job Description: Industrial Cleaner Department: Production

*Duties: Responsible for cleaning assigned areas including loading platform and outside rear of factory. Loads dumpsters and removes trash from throughout the factory. Removes off-fall from panel saws and maintains saw dust dumpster. Other duties include snow removal and material recycle. All other duties as assigned in UNICOR.*

I have instructed inmate Kevin Siggers Reg. No. 51627-060  
in the proper procedures in which to implement his assigned work detail, which  
includes standard maintenance, safety procedures, and routine use.

Charles M. Malt

Foreman

4-27-01

Date

I have received proper instruction on how to implement my job assignment. If I  
have any problem with implementing my assigned job, I am instructed to contact  
my foreman immediately.

[Signature]  
Signature of Inmate

51627060  
Register Number

4-26-01  
Date

**UNICOR McKean**  
**Federal Prison Industries, Inc.**  
**Federal Correctional Institution**  
**McKean, Pa. 16701**

**JOB DESCRIPTION REPORT**

Inmate's Name: SIGGERS, KEVIN Register Number: 51627-060  
Institution Code: 231 Industry Code: MCFT

Job Description: Boring Machine Operator (Hori 1) Department: Assembly 1

*Duties: Responsible for the proper set-up and operation of the multiple spindles boring machine. Bores holes in laminated particleboard. responsible for the quantity and quality of all parts produced. All other duties as assigned in UNICOR.*

I have instructed inmate SIGGERS Reg. No. 51627-060 in the proper procedures in which to implement his assigned work detail, which includes standard maintenance, safety procedures, and routine use.

Charles M. Mel  
Foreman

JULY 13, 1999  
Date

I have received proper instruction on how to implement my job assignment. If I have any problem with implementing my assigned job, I am instructed to contact my foreman immediately.

Kevin Siggers  
Signature of inmate

51627-060  
Register Number

7-13-99  
Date

**UNICOR McKean**  
**Federal Prison Industries, Inc.**  
**Federal Correctional Institution**  
**McKean, Pa. 16701**


**JOB DESCRIPTION REPORT**

Inmate's Name: Siggers, Kevin Register Number: 51627-060  
Institution Code: 231 Industry Code: MCFT

Job Description: Woodworking Shophand Department: Layup 1

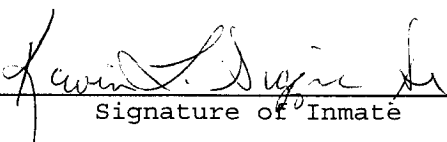
*Duties: Responsible for stacking, cushioning and wrapping product. Secures load with steel strapping. Responsible for visually inspecting all materials being packed for surface defects or blemishes. All other duties as assigned in UNICOR.*

I have instructed inmate KEVIN L. SIGGERS SR. Reg. No. 51627-060 in the proper procedures in which to implement his assigned work detail, which includes standard maintenance, safety procedures, and routine use.

  
Foreman

4-12-99  
Date

I have received proper instruction on how to implement my job assignment. If I have any problem with implementing my assigned job, I am instructed to contact my foreman immediately.

  
Signature of Inmate

51627-060  
Register Number

4-12-99  
Date

FEDERAL PRISON INDUSTRIES, Inc.

UNICOR - McKEAN

P.O. BOX 8000

Phone #(814) 362-8900

Fax #(814) 362-4151

MEMORANDUM

DATE: September 30, 1999

REPLY TO:

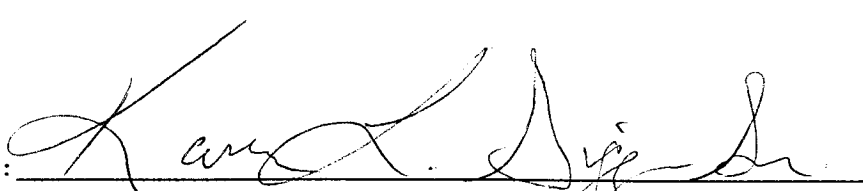
ATTN OF Martin Sapko, Factory Manager.

SUBJECT: Issuance of Safety Glasses

TO: New UNICOR Inmate Workers

Effective immediately, all workers who are required to wear safety glasses will be furnished one (1) pair of safety glasses. These safety glasses may be kept in the housing unit or work locker. However, regardless of where you store them, they are your responsibility and must be well be cared for. If you lose your safety glasses, \$5.00 will be deducted from your monthly UNICOR pay at the end of the month for each pair lost. Safety glasses are required for all production workers and must be worn everywhere on the factory floor.

I received one (1) pair of safety glasses on 6-29-00,  
and I agree to the above conditions.

Signature: 

Name: KEVIN L. SIGGINS Sr.

Reg. Number: 51627066

*production*

## FACTORY RULES AND REGULATIONS

NAME Kevin L. Siggins UNIT CA LOCKER# \_\_\_\_\_ CHIT# \_\_\_\_\_

1. INMATE WORKERS ARE FORBIDDEN TO LEAVE THE DEPARTMENT TO WHICH THEY ARE ASSIGNED, UNLESS THEY RECEIVE PERMISSION FROM THEIR FOREMAN OR SUPERVISOR. WHEN ENTERING ANOTHER DEPARTMENT, THEY MUST REPORT IMMEDIATELY TO THE SUPERVISOR IN CHARGE. INMATE WORKERS ON CALL-OUT MUST NOTIFY THEIR FOREMAN OR SUPERVISOR PRIOR TO LEAVING ON A CALL-OUT, AND ONCE THEY RETURN FROM A CALL-OUT.
2. ALL INMATES MUST WEAR STEEL TOE SAFETY SHOES WHILE WORKING IN UNICOR.
3. SAFETY GLASSES MUST BE WORN AT ALL TIMES WHILE IN THE FACTORY.
4. HEARING PROTECTION MUST BE WORN AT ALL STATIONS DESIGNATED AS HIGH NOISE LEVEL AREAS.
5. INMATES WILL PERFORM ANY ASSIGNED DUTIES GIVEN TO THEM BY ANY FOREMAN OR SUPERVISOR.
6. INMATE WORKERS WILL ONLY PERFORM TASKS THAT ARE ASSIGNED TO THEM. OPERATING ANY MACHINERY OR EQUIPMENT, OR PERFORMING ANY OPERATION THAT HAS NOT BEEN SPECIFICALLY ASSIGNED BY A SUPERVISOR IS STRICTLY FORBIDDEN AND WILL BE SUBJECT TO AN INCIDENT REPORT.
7. OPERATING ANY EQUIPMENT WITHOUT USING THE SAFETY GUARDS PROVIDED, OR REMOVAL OF SAID GUARDS IS FORBIDDEN AND SUBJECT TO DISCIPLINARY ACTION.
8. HORSEPLAY WILL NOT BE TOLERATED AND IS SUBJECT TO REMOVAL FROM UNICOR EMPLOYMENT.
9. FORKLIFT OPERATORS ARE THE ONLY ONES AUTHORIZED TO RIDE ON THE FORKLIFTS. **DO NOT** RIDE ON THE FORKLIFTS OR PALLET-TRUCKS.
10. REPORT ALL SAFETY HAZARDS TO YOUR SUPERVISOR IMMEDIATELY. **DO NOT** CONTINUE TO WORK UNDER UNSAFE CONDITIONS.
11. ALL INJURIES, NO MATTER HOW MINOR, SHOULD BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY.
12. ALL INMATE WORKERS ARE PROHIBITED FROM BRINGING PERSONAL PROPERTY INTO, OR TAKING UNAUTHORIZED ITEMS OUT OF, UNICOR.
13. THE FABRICATION OR REPAIR OF PERSONAL ITEMS ON GOVERNMENT EQUIPMENT IS AGAINST THE REGULATIONS AND IS PROHIBITED IN THE UNICOR FACTORY.
14. THERE WILL BE ABSOLUTELY **NO SMOKING** IN THE FACTORY, EXCEPT IN DESIGNATED AREAS. ANY VIOLATION OF THIS RULE WILL RESULT IN AN IMMEDIATE INCIDENT REPORT AND POSSIBLE DISMISSAL FROM UNICOR EMPLOYMENT.
15. WORK STOPS 10 MINUTES PRIOR TO LUNCH FOR TOOL CALL AND WASH UP, AND 20 MINUTES PRIOR TO RECALL FOR TOOL CHECK IN, AREA CLEAN UP, AND TO WASH UP.
16. INMATES WHO RECEIVE A DISCIPLINARY SEGREGATION SANCTION ARE SUBJECT TO TERMINATION FROM UNICOR EMPLOYMENT, AND WILL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.
17. INMATES WHO HAVE TRANSFERRED FROM ANOTHER INSTITUTION DUE TO DISCIPLINARY REASONS WILL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.

I understand the above rules and regulations, and understand that disregard for any of the above shall constitute a reason for my termination from UNICOR Employment.

Signature: [Signature] Register No: 51627010 Date: 6-29-07



**FEDERAL CORRECTIONAL INSTITUTION HOSPITAL  
FCI MCKEAN, PA**

**IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS**

TO: ALL CONCERNED Supers Kavan UNIT: CA DATE: 8/15/00  
 INMATE'S NAME: Unica REG. NO. 51627060  
*For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.*

**MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)**

☐ IDLE: Reason \_\_\_\_\_ THRU 12 MIDNIGHT 8/16/00  
☐ CONVALESCENCE: List any restricted activity for medical reasons. \_\_\_\_\_ THRU 12 MIDNIGHT 19  
☐ RESTRICTED DUTY: Specify exact restriction and reason. \_\_\_\_\_ THRU 12 MIDNIGHT 19  
☐ TOTALLY DISABLED: No Rec. / month.  
☐ FULL DUTY: \_\_\_\_\_

Physician or Physician Assistant

**DEFINITIONS AND INSTRUCTIONS**

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.  
 CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work and may not participate in any recreational activities outside the unit.  
 RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.  
 TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.  
 FULL DUTY - No work restrictions because of physical, medical or mental disability.



**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report****1**

1. Type Of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

**2**

2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26  
 Enter 2 For Change In Employment Status, Complete Items 4 - 21, and 26  
 Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26

**3**

3. If IPRS Action Enter 2 For Enrollment, Complete Items 4 - 6, 19  
 Enter 3 For Completion, Complete Items 4 - 6, 19  
 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 - 22

4. Register Number

51627-060

5. Resident Name (Last, First, Middle)

BIGGERS, KEVIN

6. Institution Code

231

**Action Recommended**From:

7. Job Number

8. Grade 1 - 4

9. Industry Code

10. Wage Plan

11. Dot Code

12. Position Title

0123

MCP

2

769589054

WD WRK SHOP HAND

1 = Hourly

2 = G.P.W.

3 = P.W.

X = Apprentice

To:

13. Job Number

14. Grade 1 - 4

15. Industry Code

16. Wage Plan

17. Dot Code

18. Position Title

0122

MCP

1

769589054

WD WRK SHOP HAND

19. Effective Date  
Month, Day, Year

01-11-02

20. Time Of Action

0710

21. Check One: AM PM

X

**22. Reason For Termination Of Employment Or Withdrawal**

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  
 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

**23. Continuation of Longevity Status**

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

**26. Signatures:**

Recommended By \_\_\_\_\_ Foreman

Date: 2/1/02

Approved By \_\_\_\_\_ Plant Superintendent

Date: 2/1/02

Approved By \_\_\_\_\_ Ass't Supt. Or Business Mgr.

Date: 2/1/02

Entered On Payroll Records \_\_\_\_\_ Timekeeper

Date: 2/1/02

**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report**

1. Type Of Report:

UNICOR Action = 1 IPRS Action = 2 Both = 3



2. If UNICOR Action

Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26

Enter 2 For Change In Employment Status, Complete Items 4 - 21, and 26

Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26



3. If IPRS Action

Enter 2 For Enrollment, Complete Items 4 - 6, 19

Enter 3 For Completion, Complete Items 4 - 6, 19

Enter 4 For Withdrawal, Complete Items 4 - 6, 19 22

4. Register Number

5. Resident Name (Last, First, Middle)

6. Institution Code

**Action Recommended**From:7. Job  
Number 1 - 4
9. Industry  
Code
10. Wage  
Plan
11. Dot  
Code

12. Position Title

1 = Hourly

2 = G.P.W.

3 = P.W.

X = Apprentice

To:13. Job  
Number 1 - 4
15. Industry  
Code
16. Wage  
Plan
17. Dot  
Code

18. Position Title

19. Effective Date  
Month, Day, Year

20. Time Of Action

21. Check One: AM PM



22. Reason For Termination Of Employment Or Withdrawal

1 = Released

2 = Transferred

3 = Program Change

4 = Inmate Request

5 = Program Discontinued

6 = Control Purposes

7 = Institutional Needs



23. Continuation of Longevity Status

1 = yes 0 = no 2 = no

(For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

26. Signatures:

Recommended By \_\_\_\_\_ Foreman

Date: \_\_\_\_\_

Approved By \_\_\_\_\_ Plant Superintendent

Date: \_\_\_\_\_

Approved By \_\_\_\_\_ Ass't Supt. Or Business Mgr.

Date: \_\_\_\_\_

Entered On Payroll Records \_\_\_\_\_ Timekeeper

Date: \_\_\_\_\_

MILL 1

GRADE CHANGE

**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report**

**1** 1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

**2** 2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26  
Enter 2 For Change In Employment Status, Complete Items 4-21, and 26  
Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26

**3** 3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19  
Enter 3 For Completion, Complete Items 4-6, 19  
Enter 4 For Withdrawal, Complete Items 4-6, 19, 22

4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code  
**51627-060** **SIGGERS, KEVIN** **231**

**Action Recommended**From:

7. Job Number	8. Grade 1 - 4	9. Industry Code	10. Wage Plan	11. Dot Code	12. Position Title
<b>012</b>	<b>3</b>	<b>MCPT</b>	<b>1</b>	<b>769687054</b>	<b>WDNRK SHOPHAND</b>

1 = Hourly  
2 = G.P.W.  
3 = P.W. X = Apprentice

To:

13. Job Number	14. Grade 1 - 4	15. Industry Code	16. Wage Plan	17. Dot Code	18. Position Title
	<b>40</b>				

19. Effective Date Month, Day, Year 20. Time of Action 21. Check One: AM PM

**01-27-01** **0710** **X**

**22. Reason For Termination Of Employment Or Withdrawal**

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  
5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

**23. Continuation of Longevity Status**

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

**24. Date Of Enrollment Month, Day, Year**

**25. Total Inmate Hours Involved**

**26. Signatures:**

Recommended By *[Signature]* Foreman

Date: **1-29-01**

Approved By *[Signature]* Plant Superintendent

Date: **3/2/01**

Approved By *[Signature]* Ass't Supt. Or Business Mgr.

Date: **1-29-01**

Entered On Payroll Records *[Signature]* Timekeeper

Date: **1-29-01**

MILL 1

GRADE CHANGE

**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report**

1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26  
Enter 2 For Change In Employment Status, Complete Items 4-21, and 26  
Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26

3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19  
Enter 3 For Completion, Complete Items 4-6, 19  
Enter 4 For Withdrawal, Complete Items 4-6, 19, 22

4. Register Number

5. Resident Name (Last, First, Middle)

6. Institution Code

51627-060

SIGGERS, KEVIN

231

**Action Recommended**

From:

7. Job Number 8. Grade 1 - 4 9. Industry Code 10. Wage Plan 11. Dot Code 12. Position Title

012 4 MCPT 1 769687054 WD WRK SHOPHAND

1 = Hourly  
2 = G.P.W. X = Apprentice  
3 = P.W.

To:

13. Job Number 14. Grade 1 - 4 15. Industry Code 16. Wage Plan 17. Dot Code 18. Position Title

012 3 MCPT 3 769687054 WD WRK SHOPHAND

19. Effective Date  
Month, Day, Year

20. Time of Action

21. Check One: AM PM

10-29-00

0710

X

**22. Reason For Termination Of Employment Or Withdrawal**

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  
5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

**23. Continuation of Longevity Status**

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

**26. Signatures:**Recommended By [Signature] Foreman

Date: 11-13-00

Approved By [Signature] Plant Superintendent

Date: 11/14/00

Approved By [Signature] Ass't Supt. Or Business Mgr.

Date: 11/14/00

Entered On Payroll Records [Signature] Timekeeper

Date: 11/16/00

UNICOR, Federal Prison Industries, Inc.  
Federal Correction Institution  
McKean, PA 16701

CERTIFICATION FOR EQUIPMENT

DEPARTMENT FOREMAN

I have instructed Inmate: Siggers, Kevin Reg. No. 51627-060  
in the proper operation of the: \* CNC ANDI TRAINEE  
including safety procedures, routine use, and standard maintenance.

Chuck Nolan  
Foreman  
Date: 2/18/03  
Dept: Mill 1

INMATE

I have received the proper instructions on how to operate the above mentioned equipment. In case of a situation in which I have little or no knowledge about this occurrence, I am to contact my Foreman immediately to rectify any problems.

Kevin Siggers  
Signature of Inmate  
Reg. No. 51627060  
2-18-03

FACTORY FOREMAN

I have observed the above inmate operating the equipment described above during my daily inspections of the factory and find that he is consistently observing proper procedures.

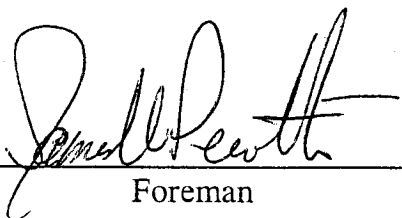
Charles Mue  
Factory Foreman

UNICOR, Federal Prison Industries, Inc.  
Federal Correction Institution  
McKean, PA 16701

CERTIFICATION FOR EQUIPMENT

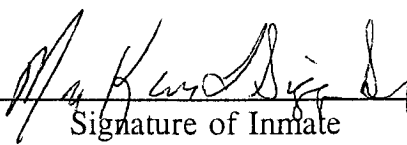
DEPARTMENT FOREMAN

I have instructed Inmate Siggers, Kevin Reg. No. 51627-060  
in the proper operation of the: PANEL SAW Z-32 (SCMI)  
including safety procedures, routine use, and standard maintenance.

  
Foreman  
Date: 1-31-02  
Dept: Mill 1

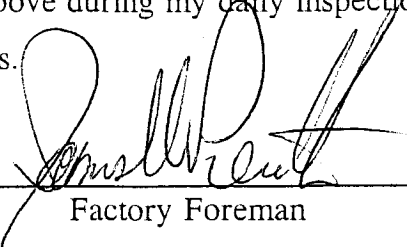
INMATE

I have received the proper instructions on how to operate the above mentioned equipment. In case of a situation in which I have little or no knowledge about this occurrence, I am to contact my Foreman immediately to rectify any problems.

  
Signature of Inmate  
Reg. No. 51627060  
1/31/02

FACTORY FOREMAN

I have observed the above inmate operating the equipment described above during my daily inspections of the factory and find that he is consistently observing proper procedures.

  
Factory Foreman

**UNICOR McKean  
Federal Prison Industries, Inc.  
Federal Correctional Institution  
McKean, Pa. 16701**

**JOB DESCRIPTION REPORT**

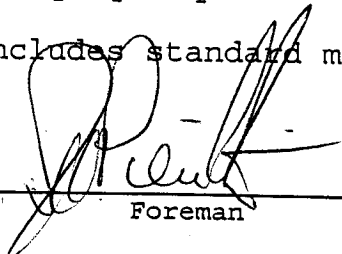
Inmate's Name: Siggers, Kevin Register Number: 51627-060  
Institution Code: 231 Industry Code: MCFT

#2.

Job Description: Saw Operator (Z-32 Panel Saw) Department: Mill 1

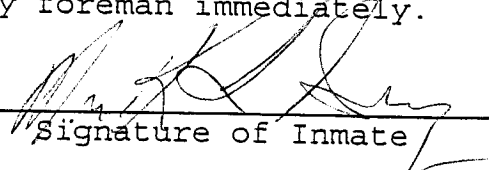
*Duties: Responsible for the proper set-up and safe operation of the Panel Saw. Cuts laminated particleboard for the fabrication of work surfaces, drawer fronts, end panels and other parts. Responsible for the quantity and quality of all parts produced. All other duties as assigned in UNICOR.*

I have instructed inmate Siggers, Kevin Reg. No. 51627-060 in the proper procedures in which to implement his assigned work detail, which includes standard maintenance, safety procedures, and routine use.

  
Foreman

6-4-02  
Date

I have received proper instruction on how to implement my job assignment. If I have any problem with implementing my assigned job, I am instructed to contact my foreman immediately.

  
Signature of Inmate

51627060  
Register Number

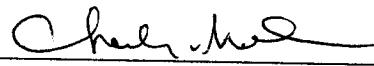
5-15-02  
Date

UNICOR, Federal Prison Industries, Inc.  
Federal Correction Institution  
McKean, Pa. 16701

CERTIFICATATION FOR EQUIPMENT

DEPARTMENT FOREMAN

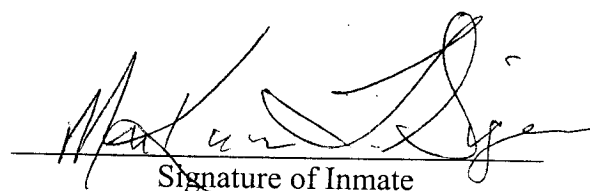
I have instructed inmate: Kevin Siggers Reg. No: 51627-060  
in the proper use of the: Tennon Machine  
\_\_\_\_\_  
including safety procedures, routine use, and standard maintenance.

  
\_\_\_\_\_  
Foreman

Date: July 14, 2003  
Department: Mill 1

INMATE

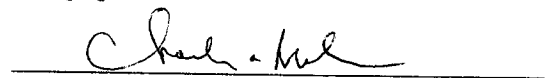
I have received the proper instructions on how to operate the above-mentioned equipment. In case of a situation in which I have little or no knowledge about this occurrence, I am to contact my Foreman immediately to rectify any problems.

  
\_\_\_\_\_  
Signature of Inmate

Reg. No. 51627060

FACTORY FOREMAN

I am certain that the above inmate is qualified for operating the equipment listed above and that he understands the proper and safe procedures that are necessary for the operation of the equipment.

  
\_\_\_\_\_  
Factory Foreman





BP-S148.070 INMATE REQUEST TO STAFF MEMBER CDFRM  
APR 94

## UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

DATE May 19, 1999TO: Mr. Pignotti  
(Name and Title of Officer)

SUBJECT: State completely but briefly the problem on which you desire assistance and what you think should be done (Give details).

I would like my job changed to  
 The Vertical Boring Machine on the Assembly  
 line. I've spoke to Mr. Nolan and was told  
 to have you sign this INMATE REQUEST ~~Form~~ Form  
 Releasing me to work in the Assembly Dept. I thank  
 you for Time concerning this MATTERS.

OK OR REFUSED**POSTED**

(Use other side of page if more space is needed)

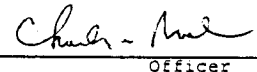
 NAME: KEVIN L. Siggers Sr. NO.: 516 27-060  
 WORK ASSIGNMENT: LAY UP I UNIT: 3A

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: Do not write in this space)

DATE 5-19-99


OK with me

  
 Officer

 LAYUP I  
 TO  
 ASSA I

Record Copy - File; Copy - Inmate

(This form may be replicated via WP) Replaces BP-148 of Oct 86

5/25/99

# UNICOR FACTORY RULES AND SAFETY REGULATIONS FOR INMATE WORKERS

Name: Kevin L. Siggins Sr. Unit: 34 Locker # \_\_\_\_\_ Chit # \_\_\_\_\_

- 1) INMATE WORKERS ARE FORBIDDEN TO LEAVE THE DEPARTMENT TO WHICH THEY ARE ASSIGNED, UNLESS THEY RECEIVE PERMISSION FROM THEIR FOREMAN OR SUPERVISOR. WHEN ENTERING ANOTHER DEPARTMENT, THE INMATE MUST IMMEDIATELY REPORT TO THE SUPERVISOR IN CHARGE. INMATE WORKERS ON CALL-OUT MUST NOTIFY THEIR FOREMAN OR SUPERVISOR PRIOR TO LEAVING ON A CALL-OUT, AND ONCE THEY RETURN FROM A CALL-OUT.
- 2) ALL INMATES MUST WEAR STEEL TOE SAFETY SHOES WHILE WORKING IN UNICOR.
- 3) SAFETY GLASSES MUST BE WORN AT ALL TIMES WHILE IN THE FACTORY.
- 4) HEARING PROTECTION MUST BE WORN AT ALL WORK STATIONS THAT ARE DESIGNATED AS HIGH NOISE LEVEL AREAS.
- 5) INMATES SHALL PERFORM ANY ASSIGNED DUTIES GIVEN TO THEM BY ANY FOREMAN OR SUPERVISOR.
- 6) INMATE WORKERS SHALL ONLY PERFORM TASKS THAT ARE ASSIGNED TO THEM. OPERATING ANY MACHINERY OR EQUIPMENT OR PERFORMING ANY OPERATION THAT HAS NOT BEEN SPECIFICALLY ASSIGNED BY A FOREMAN OR SUPERVISOR, IS STRICTLY FORBIDDEN. VIOLATORS SHALL BE SUBJECT TO DISCIPLINARY ACTION.
- 7) OPERATING ANY EQUIPMENT WITHOUT USING THE SAFETY GUARDS PROVIDED, OR THE REMOVAL OF ANY SAFETY GUARDS IS FORBIDDEN. FAILURE TO COMPLY SHALL RESULT IN DISCIPLINARY ACTION.
- 8) HORSE PLAY WILL NOT BE TOLERATED AND VIOLATORS ARE SUBJECT TO REMOVAL FROM UNICOR EMPLOYMENT.
- 9) DESIGNATED FORKLIFT OPERATORS ARE THE ONLY INDIVIDUALS AUTHORIZED TO OPERATE THE FORKLIFT. DO NOT RIDE ON THE FORKLIFT OR PALLET TRUCKS.
- 10) REPORT ALL SAFETY HAZARDS TO YOUR WORK SUPERVISOR IMMEDIATELY. DO NOT CONTINUE TO WORK UNDER UNSAFE CONDITIONS.
- 11) ALL INJURIES, NO MATTER HOW MINOR, SHOULD BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY.
- 12) ALL INMATE WORKERS ARE PROHIBITED FROM BRINGING ANY PERSONAL PROPERTY INTO UNICOR OR REMOVING UNAUTHORIZED ITEMS FROM THE UNICOR FACTORY.
- 13) THE FABRICATION OR REPAIR OF PERSONAL ITEMS ON UNICOR EQUIPMENT IS AGAINST REGULATIONS AND IS STRICTLY PROHIBITED.
- 14) THERE WILL BE ABSOLUTELY NO SMOKING IN THE FACTORY, EXCEPT IN THE DESIGNATED SMOKING AREAS. ANY VIOLATION OF THIS RULE SHALL RESULT IN IMMEDIATE DISCIPLINARY ACTION AND POSSIBLE DISMISSAL FROM UNICOR EMPLOYMENT.
- 15) WORK STOPS TEN (10) MINUTES PRIOR TO LUNCH FOR WASH UP, AND TWENTY (20) MINUTES PRIOR TO RECALL FOR TOOL CHECK IN, AREA CLEAN UP, AND TO WASH UP.
- 16) INMATES WHO RECEIVE A DISCIPLINARY SEGREGATION SANCTION ARE SUBJECT TO TERMINATION FROM UNICOR EMPLOYMENT, LOSS OF LONGEVITY, LOSS OF GRADE AND SHALL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.
- 17) INMATES WHO HAVE BEEN DISCIPLINARILY TRANSFERRED FROM ANOTHER INSTITUTION SHALL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.

I UNDERSTAND THE ABOVE RULES AND REGULATIONS, AND UNDERSTAND THAT DISREGARD FOR ANY OF THE ABOVE SHALL CONSTITUTE A REASON FOR MY TERMINATION FROM UNICOR EMPLOYMENT.

NAME: Kevin L. Siggins Sr. REG. # 51627-060 DATE: 3-22-90

# M E M O R A N D U M

F.P.I. MCKEAN, PA

DATE:

Y TO  
N OF: Debora Forsyth, Factory Manager

JECT: Issuance of Safety Glasses

TO: New UNICOR Inmate Workers

Effective immediately, all workers who are required to wear safety glasses will be furnished one (1) pair of safety glasses. These safety glasses may be kept in the housing unit or work locker. However, regardless of where you store them, they are your responsibility and must be well be cared for. If you lose your safety glasses, \$5.00 will be deducted from your monthly UNICOR pay at the end of the month for each pair lost. Safety glasses are required for all production workers and must be worn everywhere on the factory floor.

I received one (1) pair of safety glasses on March 22, 1999, and I agree to the above conditions.

Signature Kevin L. Siggers Sr.

Name Kevin L. Siggers Sr.

Reg. Number 51627-060

UNICOR, Federal Prison Industries, Inc.  
Federal Correction Institution  
McKean, PA 16701

CERTIFICATION FOR EQUIPMENT

DEPARTMENT FOREMAN

I have instructed Inmate: Siggers, Kevin Reg. No. 51627-060  
in the proper operation of the: \* CNC ANDI TRAINEE  
including safety procedures, routine use, and standard maintenance.

Chuck Nolan

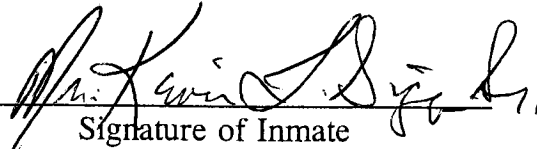
Foreman

Date: 2/18/03

Dept: Mill 1

INMATE

I have received the proper instructions on how to operate the above mentioned equipment. In case of a situation in which I have little or no knowledge about this occurrence, I am to contact my Foreman immediately to rectify any problems.

  
Signature of Inmate

Reg. No. 51627060

2-18-03

FACTORY FOREMAN

I have observed the above inmate operating the equipment described above during my daily inspections of the factory and find that he is consistently observing proper procedures.



Factory Foreman

UNICOR McKean  
Federal Prison Industries, Inc.  
Federal Correctional Institution  
McKean, Pa. 16701

JOB DESCRIPTION REPORT

Inmate's Name: Siggers, Kevin Register Number: 51627-060  
Institution Code: 231 Industry Code: MCFT

Job Description: Router Operator Trainee - CNC ANDI Department: Mill 1

*Duties: Responsible for learning the proper procedures for setting up and operating the multiple spindle CNC routing machine. Assists CNC Operator to cut slats, grooves, designs or recesses in laminated particleboard. Responsible for the quantity and quality of all parts produced. All other duties as assigned in UNICOR.*

I have instructed inmate Siggers, Kevin Reg. No. 51627-060 in the proper procedures in which to implement his assigned work detail, which includes standard maintenance, safety procedures, and routine use.

Chris Mue  
Foreman

2-18-03  
Date

I have received proper instruction on how to implement my job assignment. If I have any problem with implementing my assigned job, I am instructed to contact my foreman immediately.

Kevin Siggers  
Signature of Inmate

51627060  
Register Number

2-18-03  
Date

**UNICOR McKean  
Federal Prison Industries, Inc.  
Federal Correctional Institution  
McKean, Pa. 16701**

**JOB DESCRIPTION REPORT**

Inmate's Name: Siggers, Kevin Register Number: 51627-060  
Institution Code: 231 Industry Code: MCFT

Job Description: Woodworking Shophand Department: Production

*Duties: Performs any combination of the following: cutting, cleaning, moving, storing or assembling. May also inspect parts for belmishes or defects. Off loads machines and fill in where needed. Responsible for the quantity and quality of all parts handled. All other duties as assigned in UNICOR.*

I have instructed inmate Siggers, Kevin Reg. No. 51627-060  
in the proper procedures in which to implement his assigned work detail, which  
includes standard maintenance, safety procedures, and routine use.

Charles A. Mullen

Foreman

7-6-00

Date

I have received proper instruction on how to implement my job assignment. If I  
have any problem with implementing my assigned job, I am instructed to contact  
my foreman immediately.

[Signature]  
Signature of Inmate

51627060  
Register Number

7-6-00  
Date



**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report**

1

1. Type Of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

2

2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26  
 Enter 2 For Change In Employment Status, Complete Items 4 - 21, and 26  
 Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26

3

3. If IPRS Action Enter 2 For Enrollment, Complete Items 4 - 6, 19  
 Enter 3 For Completion, Complete Items 4 - 6, 19  
 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 22

4. Register Number  
 5 1 6 2 7 0 6 0

5. Resident Name (Last, First, Middle)

S I G G E R S , M E V I N

6. Institution Code

2 3 1

**Action Recommended**From:

7. Job Number 8. Grade 1 - 4 9. Industry Code 10. Wage Plan 11. Dot Code 12. Position Title

0 1 2 4 M C E T 1 7 6 9 6 8 7 0 5 4 U D W E K S H O R H A N D

1 = Hourly  
 2 = G.P.W.  
 3 = P.W.  
 X = Apprentice

To:

13. Job Number 14. Grade 1 - 4 15. Industry Code 16. Wage Plan 17. Dot Code 18. Position Title

0 1 2 4 M C E T 1 7 6 9 6 8 7 0 5 4 U D W E K S H O R H A N D

19. Effective Date  
 Month, Day, Year

0 4 - 2 2 - 9 9

20. Time Of Action

0 7 1 0

21. Check One: AM PM

X

22

**Reason For Termination Of Employment Or Withdrawal**

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  
 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

23

**Continuation of Longevity Status**

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).

24. Date Of Enrollment Month, Day, Year

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

25. Total Inmate Hours Involved

**26. Signatures:**

Recommended By \_\_\_\_\_ Foreman

Date: 4/13/99

Approved By \_\_\_\_\_ Plant Superintendent

Date: \_\_\_\_\_

Approved By \_\_\_\_\_ Ass't Supt. Or Business Mgr.

Date: \_\_\_\_\_

Entered On Payroll Records \_\_\_\_\_ Timekeeper

Date: \_\_\_\_\_





**UNICOR**  
Federal Prison Industries, Inc.

# Industrial Employment/IPRS Action Report

**3**

1. Type Of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

**1**

2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26  
Enter 2 For Change In Employment Status, Complete Items 4 - 21, and 26  
Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26

**2**

3. If IPRS Action Enter 2 For Enrollment, Complete Items 4 - 6, 19  
Enter 3 For Completion, Complete Items 4 - 6, 19  
Enter 4 For Withdrawal, Complete Items 4 - 6, 19 - 22

4. Register Number  
**5 1 6 2 7 0 6 0**

5. Resident Name (Last, First, Middle)  
**S I G G E R S , E V I N**

6. Institution Code  
**2 3 1**

## Action Recommended

From:

7. Job Number **0 1 2 5** 8. Grade 1 - 4 **1** 9. Industry Code **M C P T** 10. Wage Plan **1** 11. Dot Code **7 6 9 6 8 7 0 5 4** 12. Position Title **W D W R K S H O P H A N D**

1 = Hourly  
2 = G.P.W.  
3 = P.W.  
X = Apprentice

To:

13. Job Number **0 2 2 3 9 9** 14. Grade 1 - 4 **0** 15. Industry Code **0 7 1 0** 16. Wage Plan **0** 17. Dot Code **0** 18. Position Title

19. Effective Date Month, Day, Year **0 2 - 2 3 - 9 9** 20. Time Of Action **0 7 1 0** 21. Check One: ☒ AM ☐ PM

**1**

22. Reason For Termination Of Employment Or Withdrawal

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  
5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

**1**

23. Continuation of Longevity Status

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).

**0 2 - 2 3 - 9 9**

24. Date Of Enrollment Month, Day, Year

**0 7 1 0**

25. Total Inmate Hours Involved

26. Signatures:

Recommended By [Signature] Foreman

Date: 02-23-99

Approved By [Signature] Plant Superintendent

Date: 3/2/99

Approved By \_\_\_\_\_ Ass't Supt. Or Business Mgr.

Date: \_\_\_\_\_

Entered On Payroll Records \_\_\_\_\_ Timekeeper

Date: \_\_\_\_\_

**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report**

☐ 1. Type Of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

☐ 2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26  
Enter 2 For Change In Employment Status, Complete Items 4 - 21, and 26  
Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26

☐ 3. If IPRS Action Enter 2 For Enrollment, Complete Items 4 - 6, 19  
Enter 3 For Completion, Complete Items 4 - 6, 19  
Enter 4 For Withdrawal, Complete Items 4 - 6, 19 - 22

4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code  
 5 1 6 2 7 1 0 6 0 S I G G E R S K E V I N 2 3 1

**Action Recommended**From:

7. Job Number 8. Grade 1 - 4 9. Industry Code 10. Wage Plan 11. Dot Code 12. Position Title  
 0 1 5 4 M C F T 1 6 6 6 3 8 2 0 1 0 B O R I N G M A C H . O P E R .

1 = Hourly  
2 = G.P.W. X = Apprentice  
3 = P.W.

To:

13. Job Number 14. Grade 1 - 4 15. Industry Code 16. Wage Plan 17. Dot Code 18. Position Title  
 0 1 5 3 M C F T 1 6 6 6 3 8 2 0 1 0 B O R I N G M A C H . O P E R .

19. Effective Date Month, Day, Year 20. Time Of Action  
 0 6 1 0 1 9 9 1 0 9 0 0

21. Check One: AM PM

☒ X ☐

**22. Reason For Termination Of Employment Or Withdrawal**

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  
5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

**23. Continuation of Longevity Status**

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

**26. Signatures:**

Recommended By Charles M. Mabe Foreman

Date: 1/21/99

Approved By [Signature] Plant Superintendent

Date: 1/21/99

Approved By [Signature] Ass't Supt. Or Business Mgr.

Date: 1/21/99

Entered On Payroll Records [Signature] Timekeeper

Date: 1/21/99

# Production Worker's Training Record

(CHECKLIST)  
for

Inmate Name

Siggers, Kevin

Reg. Number

51627-060

- ☒ 1.) I have had a department orientation by my department supervisor.
- ☒ 2.) I have read and understand the Factory Rules and Safety Regulations.
- ☒ 3.) I have read and understand the department procedures for my assigned area.
- ☒ 4.) I have participated in the 3 credit hrs., Industrial Familiarization Class.
- ☒ 5.) I have had on the job training with an experienced production worker.
- ☒ 6.) I have read and understand my Job Description.
- ☒ 7.) I have been instructed on the MSDS center in the Unicor Factory.
- ☒ 8.) I have familiarized myself with ISO-9001-2000 standards, Unicor McKean's Q.M.S., and the role I play in the system.

Kevin Siggers 51627060  
Inmate Signature & Reg. Number

6-16-03  
Date

Charles M. Mel  
Woodworking Supervisor Signature

6-16-03  
Date

TITLE: TRAINING RECORD	CONTROL NO. 1403	DATE: 6/11/03
Production - UNICOR MCKEAN	REV: Original Issue	SHEET 1 OF 1

**UNICOR McKean**

**Federal Prison Industries, Inc.  
Federal Correctional Institution  
McKean, Pa. 16701**

**JOB DESCRIPTION REPORT**

Inmate's Name: Siggers, Kevin Register Number: 51627-060  
Institution Code: 231 Industry Code: MCFT

Job Description: Wood Working Shophand Department: Mill 1

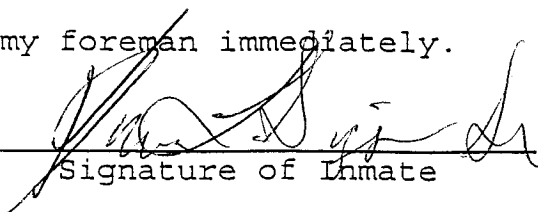
*Duties: Performs any combination of the following: cutting, cleaning, moving, storing or assembling. May also inspect parts for blemishes or defects. Off loads machines and fills in where needed. Responsible for the quantity and quality of all parts handled. All other duties as assigned in UNICOR.*

I have instructed inmate Siggers, Kevin Reg. No. 51627-060 in the proper procedures in which to implement his assigned work detail, which includes standard maintenance, safety procedures, and routine use.

  
Foreman

9-20-00  
Date

I have received proper instruction on how to implement my job assignment. If I have any problem with implementing my assigned job, I am instructed to contact my foreman immediately.

  
Signature of Inmate

51627060  
Register Number

9-20-00  
Date

PRODUCTION-1

JOB CHANGE

**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report**

☒ 1. Type of Report UNICOR Action = 1 IPRS Action = 2 Both = 3

☒ 2 If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24 and 26  
Enter 2 For Change in Employment Status, Complete Items 4-21, and 26  
Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26

☒ 3. If IPRS Action Enter 2 For Enrollment, Complete 4-6, 19  
Enter 3 For Completion, Complete 4-6, 19  
Enter 4 For Withdrawal, Complete 4-6, 19, 22

4. Registration Number

5 1 6 2 7 - 0 6 0

5. Resident Name (Last, First, Middle)

S I G G E R S K E V I N

6. Institution Code

2 3 1

**Action Recommended**From:

7. Job 8. Grade 9. Industry 10. Wage

Number 1 - 4  
0 1 1

2

Code  
M C F TPlan  
111. Dot  
Code

6 6 7 6 8 2 0 2 2

12. Position Title

P A N E L S A W O P E R A T

1 = Hourly  
2 = G.P.W.  
3 = P.W.

X = Apprentice

To:

13. Job 14. Grade 15. Industry 16. Wage

Number 1 - 4  
0 1 4

2

Code  
M C F TPlan  
117. Dot  
Code

2 2 1 1 6 7 0 1 4

18. Position Title

M A T E R I A L C O O R D I N

19. Effective Date

Month, Day, Year  
0 4 - 0 7 - 0 5

20. Time of Action

0 7 1 0

21. Check One:

AM

PM

☒☐

☐ 22. Reason For Termination Of Employment Or Withdrawal

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request

5 = Program Discontinued 6 = Control Purpose 7 = Institution Needs

☐ 23. Continuation of Longevity Status

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

26. Signatures:

Recommended By

Foreman

Date:

4-7-05

Approved By

Plant Superintendent

Date:

Approved By

Ass't Supt. Or Business Mgr.

Date:

4/7/05

Entered On Payroll Records

Timekeeper

Date:

4/7/05

**UNICOR McKean**  
**Federal Prison Industries, Inc.**  
**Federal Correctional Institution**  
**McKean, Pa. 16701**

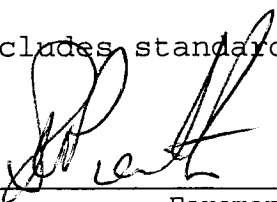
**JOB DESCRIPTION REPORT**

Inmate's Name: Siggers, Kevin Register Number: 51627-060  
Institution Code: 231 Industry Code: MCFT

Job Description: Woodworking Shophand (LABOR) Department: Mill 1

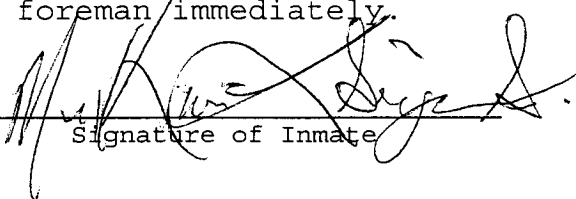
*Duties: Performs any combination of the following: cutting, cleaning, moving, storing or assembling. May also inspect parts for blemishes or defects. Off loads machines and fills in where needed. Responsible for the quality and quantity of all parts handled. All other duties as assigned in UNICOR.*

I have instructed inmate Siggers, Kevin Reg. No. 51627-060  
in the proper procedures in which to implement his assigned work detail, which  
includes standard maintenance, safety procedures, and routine use.

  
Foreman

8/24/01  
Date

I have received proper instruction on how to implement my job assignment. If I  
have any problem with implementing my assigned job, I am instructed to contact  
my foreman immediately.

  
Signature of Inmate

51627-060  
Register Number

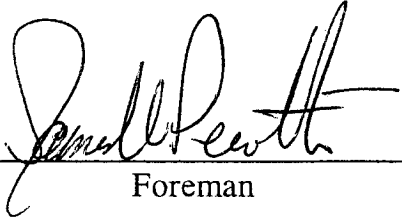
8/24/01  
Date

UNICOR, Federal Prison Industries, Inc.  
Federal Correction Institution  
McKean, PA 16701

CERTIFICATION FOR EQUIPMENT

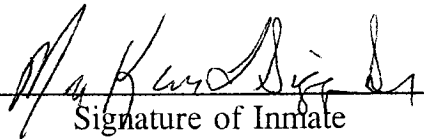
DEPARTMENT FOREMAN

I have instructed Inmate Siggers, Kevin Reg. No. 51627-060  
in the proper operation of the: PANEL SAW Z-32 (SCMI)  
including safety procedures, routine use, and standard maintenance.

  
Foreman  
Date: 1-31-02  
Dept: Mill 1

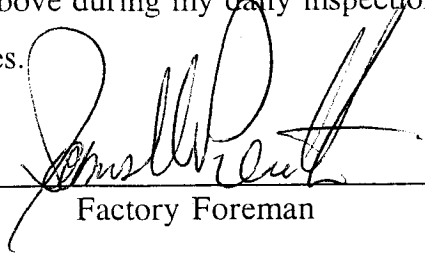
INMATE

I have received the proper instructions on how to operate the above mentioned equipment. In case of a situation in which I have little or no knowledge about this occurrence, I am to contact my Foreman immediately to rectify any problems.

  
Signature of Inmate  
Reg. No. 51627060  
1/31/02

FACTORY FOREMAN

I have observed the above inmate operating the equipment described above during my daily inspections of the factory and find that he is consistently observing proper procedures.

  
Factory Foreman



**UNICOR McKean**  
**Federal Prison Industries, Inc.**  
**Federal Correctional Institution**  
**McKean, Pa. 16701**

**JOB DESCRIPTION REPORT**

Inmate's Name: Siggers, Kevin Register Number: 51627-060  
Institution Code: 231 Industry Code: MCFT

**NUMBER 2**

Job Description: Saw Operator (Z-32 Panel Saw) Department: Mill 1

*Duties: Responsible for the proper set-up and safe operation of the Panel Saw. Cuts laminated particleboard for the fabrication of work surfaces, drawer fronts, end panels and other parts. Responsible for the quantity and quality of all parts produced. All other duties as assigned in UNICOR.*

I have instructed inmate Siggers, Kevin Reg. No. 51627-060 in the proper procedures in which to implement his assigned work detail, which includes standard maintenance, safety procedures, and routine use.

  
Foreman

11-13-01  
Date

I have received proper instruction on how to implement my job assignment. If I have any problem with implementing my assigned job, I am instructed to contact my foreman immediately.

  
Signature of Inmate

51627060  
Register Number

11-13-01  
Date



## PRODUCTION-1

## JOB CHANGE

**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report**

2 1. Type of Report UNICOR Action = 1 IPRS Action = 2 Both = 3

2 2. If UNICOR Action  
Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24 and 26  
Enter 2 For Change in Employment Status, Complete Items 4-21, and 26  
Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26

2 3. If IPRS Action  
Enter 2 For Enrollment, Complete 4-6, 19  
Enter 3 For Completion, Complete 4-6, 19  
Enter 4 For Withdrawal, Complete 4-6, 19, 22

4. Registration Number

5 1 6 2 7 - 0 6 0

5. Resident Name (Last, First, Middle)

S I G G E R S K E V I N

6. Institution Code

2 3 1

**Action Recommended**

From:

7. Job Number

O 1 1

8. Grade 1 - 4

2

9. Industry Code

M C F T

10. Wage Plan

1

11. Dot Code

6 6 7 6 8 2 0 2 2

12. Position Title

P A N E L S A W O P E R A T

1 = Hourly

2 = G.P.W.

3 = P.W.

X = Apprentice

To:

13. Job Number

O 1 4

14. Grade 1 - 4

2

15. Industry Code

M C F T

16. Wage Plan

1

17. Dot Code

2 2 1 1 6 7 0 1 4

18. Position Title

M A T E R I A L C O O R D I N

19. Effective Date

Month, Day, Year

0 4 - 0 7 - 0 5

20. Time of Action

0 7 1 0

21. Check One:

AM PM

X

22. Reason For Termination Of Employment Or Withdrawal

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request

5 = Program Discontinued 6 = Civil Disposition 7 = Institutional Needs

23. Continuation of Longevity Status

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

26. Signatures:

Recommended By

Foreman

Date: 4-7-05

Approved By

Plant Superintendent

Date:

Approved By

Ass't Supt. Or Business Mgr.

Date:

Entered On Payroll Records

Timekeeper

Date: 4/7/05

PRODUCTION-1

REHIRE

**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report**

**3** 1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

**2** 2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26  
Enter 2 For Change In Employment Status, Complete Items 4-21, and 26  
Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26

**1** 3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19  
Enter 3 For Completion, Complete Items 4-6, 19  
Enter 4 For Withdrawal, Complete Items 4-6, 19, 22

4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code  
5 1 6 2 7 0 6 0 S I G G E R S , K E V I N 2 3 1

**Action Recommended**From:

7. Job Number 8. Grade 1 - 4 9. Industry Code 10. Wage Plan 11. Dot Code 12. Position Title  
0 1 2 2 M C F T 1 7 6 9 6 8 7 0 5 4 W D W R K S H O P H A N D

1 = Hourly  
2 = G.P.W. X = Apprentice  
3 = P.W.

To:

13. Job Number 14. Grade 1 - 4 15. Industry Code 16. Wage Plan 17. Dot Code 18. Position Title  
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

19. Effective Date Month, Day, Year 20. Time of Action 21. Check One: AM PM  
0 1 - 1 2 - 0 4 M C F T X [ ]

☐ 22. Reason For Termination Of Employment Or Withdrawal  
1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  
5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

☐ 23. Continuation of Longevity Status  
1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

[ ] [ ] [ ] [ ] [ ] 24. Date Of Enrollment Month, Day, Year

[ ] [ ] [ ] [ ] 25. Total Inmate Hours Involved

**26. Signatures:**

Recommended By [Signature] Foreman

Date: 1-12-04

Approved By [Signature] Plant Superintendent

Date: 1/12/04

Approved By [Signature] Ass't Supt. Or Business Mgr.

Date: 1/12/04

Entered On Payroll Records [Signature] Timekeeper

Date: 1-12-04

MT-11

TERMINATION

30 DAYS N/W SHU

**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report****3**

1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

**3**

2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26  
 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26  
 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26

**3**

3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19  
 Enter 3 For Completion, Complete Items 4-6, 19  
 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22

4. Register Number

5. Resident Name (Last, First, Middle)

6. Institution Code

5 1 6 2 7 - 0 6 9

S I G G E R S , K E V I N

2 3 1

**Action Recommended**From:7. Job  
Number8. Grade  
1 - 49. Industry  
Code10. Wage  
Plan11. Dot  
Code

12. Position Title

0 1 2

2

M C F T

1

7 6 9 6 8 7 0 5 4

W D W R K S H O P H A N D

1 = Hourly

2 = G.P.W.

3 = P.W.

X = Apprentice

To:13. Job  
Number14. Grade  
1 - 415. Industry  
Code16. Wage  
Plan17. Dot  
Code

18. Position Title

19. Effective Date  
Month, Day, Year

20. Time of Action

21. Check One: AM PM

1 2 - 1 9 - 0 3

0 7 1 0

☒☐**3**

22. Reason For Termination Of Employment Or Withdrawal

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  
 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

**D**

23. Continuation of Longevity Status

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

**26. Signatures:**

Recommended By

*Chel...de*

Foreman

Date: 12-19-03

Approved By

*T. K...son*

Plant Superintendent

Date:

*12/19/03*

Approved By

*T. K...son*

Ass't Supt. Or Business Mgr.

Date:

*12/19/03*

Entered On Payroll Records

*C. M...ney*

Timekeeper

Date:

*12/19/03*

**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report**
☐

1. Type Of Report:

UNICOR Action = 1 IPRS Action = 2 Both = 3

☐

2. If UNICOR Action

Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26

Enter 2 For Change In Employment Status, Complete Items 4 - 21, and 26

Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26

☐

3. If IPRS Action

Enter 2 For Enrollment, Complete Items 4 - 6, 19

Enter 3 For Completion, Complete Items 4 - 6, 19

Enter 4 For Withdrawal, Complete Items 4 - 6, 19 - 22

4. Register Number

5 1 6 2 7 0 6 0

5. Resident Name (Last, First, Middle)

S I G G E N S , K E V I N

6. Institution Code

2 3 3

**Action Recommended**

From:

7. Job

8. Grade

9. Industry

10. Wage

11. Dot

12. Position Title

Number

1 - 4

Code

Plan

Code

0 1 2 3

M C F T

2

7 6 9 6 8 6 0 5 4

W D W R K S H O P H A N D

1 = Hourly

2 = G.P.W.

3 = P.W.

X = Apprentice

To:

13. Job

14. Grade

15. Industry

16. Wage

17. Dot

18. Position Title

Number

1 - 4

Code

Plan

Code

0 1 2 2

M C F T

1

7 6 9 6 8 7 0 5 4

W D W R K S H O P H A N D

19. Effective Date

20. Time Of Action

21. Check One:

AM

PM

Month, Day, Year

0 4 - 1 1 - 0 2

0 7 1 0

☒
☐

22. Reason For Termination Of Employment Or Withdrawal

1 = Released

2 = Transferred

3 = Program Change

4 = Inmate Request

5 = Program Discontinued

6 = Control Purposes

7 = Institutional Needs

23. Continuation of Longevity Status

1 = yes 0 = no 2 = no

(For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

26. Signatures:

Recommended By

Foreman

Date:

4-11-02

Approved By

Plant Superintendent

Date:

4/16/02

Approved By

Ass't Supt. Or Business Mgr.

Date:

4/16/02

Entered On Payroll Records

Timekeeper

Date:

4/15/02

MILL I

GRADE CHANGE

**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report****1**

1. Type Of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

**2**

2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26  
 Enter 2 For Change In Employment Status, Complete Items 4 - 21, and 26  
 Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26

**3**

3. If IPRS Action Enter 2 For Enrollment, Complete Items 4 - 6, 19  
 Enter 3 For Completion, Complete Items 4 - 6, 19  
 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 22

4. Register Number

5 1 6 2 7 - 0 6 0

5. Resident Name (Last, First, Middle)

S I G G E R S , K E V I N

6. Institution Code

2 3 1

**Action Recommended**From:

7. Job Number

8. Grade 1 - 4

9. Industry Code

10. Wage Plan

11. Dot Code

12. Position Title

0 1 2

2

M C F T

1

7 6 9 6 8 7 0 5 4

W D W R K S H O P H A N D

1 = Hourly

2 = G.P.W.

3 = P.W.

X = Apprentice

To:

13. Job Number

14. Grade 1 - 4

15. Industry Code

16. Wage Plan

17. Dot Code

18. Position Title

0 1 2

3

M C F T

1

7 6 9 6 8 7 0 5 4

W D W R K S H O P H A N D

19. Effective Date Month, Day, Year

0 3 - 1 1 - 0 2

20. Time Of Action

0 7 1 0

21. Check One: AM PM

X

**22**

22. Reason For Termination Of Employment Or Withdrawal

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  
 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

**23**

23. Continuation of Longevity Status

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

26. Signatures:

Recommended By [Signature] Foreman

Date: 3-21-02

Approved By [Signature] Plant Superintendent

Date: 3/22/02

Approved By [Signature] Ass't Supt. Or Business Mgr.

Date: 3/22/02

Entered On Payroll Records [Signature] Timekeeper

Date: 3/21/02

MILL 1

GRADE CHANGE

**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report****1**

1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

**2**

2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26  
 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26  
 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26

**3**

3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19  
 Enter 3 For Completion, Complete Items 4-6, 19  
 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22

4. Register Number

5. Resident Name (Last, First, Middle)

6. Institution Code

5 1 6 2 7 - 0 6 0

S I G G E R S , K E V I N

2 3 1

**Action Recommended**From:

7. Job Number 8. Grade 1 - 4 9. Industry Code 10. Wage Plan 11. Dot Code 12. Position Title

0 1 2 3 M C F T 1 7 6 9 6 8 7 0 5 4 W D W R K S H O P H A N D

1 = Hourly  
 2 = G.P.W. X = Apprentice  
 3 = P.W.

To:

13. Job Number 14. Grade 1 - 4 15. Industry Code 16. Wage Plan 17. Dot Code 18. Position Title

19. Effective Date Month, Day, Year 20. Time of Action 21. Check One: AM PM

0 1 - 2 7 - 0 1

0 7 1 0

X

**22. Reason For Termination Of Employment Or Withdrawal**

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  
 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

**23. Continuation of Longevity Status**

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

**26. Signatures:**Recommended By *[Signature]* Foreman

Date: 1-29-01

Approved By *[Signature]* Plant Superintendent

Date: 2/2/01

Approved By *[Signature]* Ass't Supt. Or Business Mgr.

Date: 1/2/01

Entered On Payroll Records *[Signature]* Timekeeper

Date: 1/29/01



MILL 1

GRADE CHANGE

**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report****1**

1. Type of Report:

UNICOR Action = 1 IPRS Action = 2 Both = 3

**2**

2. If UNICOR Action

Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26

Enter 2 For Change In Employment Status, Complete Items 4-21, and 26

Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26

**3**

3. If IPRS Action

Enter 2 For Enrollment, Complete Items 4-6, 19

Enter 3 For Completion, Complete Items 4-6, 19

Enter 4 For Withdrawal, Complete Items 4-6, 19, 22

4. Register Number

5. Resident Name (Last, First, Middle)

6. Institution Code

51627-060

SIGGERS, KEVIN

231

**Action Recommended**From:7. Job  
Number8. Grade  
1 - 49. Industry  
Code10. Wage  
Plan11. Dot  
Code

12. Position Title

012

4

MCFT

1

759687054

WD WRK SHOPHAND

1 = Hourly

2 = G.P.W.

3 = P.W.

X = Apprentice

To:13. Job  
Number14. Grade  
1 - 415. Industry  
Code16. Wage  
Plan17. Dot  
Code

18. Position Title

012

3

MCFT

3

759687054

WD WRK SHOPHAND

19. Effective Date  
Month, Day, Year

20. Time of Action

21. Check One: AM PM

10-29-00

0710

☒☐

22. Reason For Termination Of Employment Or Withdrawal

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request

5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

23. Continuation of Longevity Status

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

26. Signatures:

Recommended By

Foreman

Date:

Approved By

Plant Superintendent

Date:

Approved By

Ass't Supt. Or Business Mgr.

Date:

Entered On Payroll Records

Timekeeper

Date:

**NEW HIRE**



# UNICOR

Federal Prison Industries, Inc.

# Industrial Employment/IPRS Action Report

3	1. Type of Report:	UNICOR Action = 1 IPRS Action = 2 Both = 3									
1	2. If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26									
2	3. If IPRS Action	Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22									
4. Register Number		5. Resident Name (Last, First, Middle)				6. Institution Code					
5 1 6 2 7 0 6 0		S I G G E S S , K E V I N				2 3 1					

### Action Recommended

From:

7. Job Number	8. Grade 1 - 4	9. Industry Code	10. Wage Plan	11. Dot Code	12. Position Title
012	4	MCFT	1	769687054	W D W R K S H O P H A N D

1 = Hourly  
2 = G.P.W.  
3 = P.W.

X = Apprentice

To:

13. Job Number 14. Grade 1 - 4 15. Industry Code 16. Wage Plan 17. Dot Code 18. Position Title

19. Effective Date Month, Day, Year 20. Time of Action 21. Check One: AM PM

06-29-00 0710 X

☐ 22. **Reason For Termination Of Employment Or Withdrawal**  
1 = Released    2 = Transferred    3 = Program Change    4 = Inmate Request  
5 = Program Discontinued    6 = Control Purposes    7 = Institutional Needs

---

☐ 23. **Continuation of Longevity Status**  
1 = yes    0 = no    2 = no    (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

**26. Signatures:**

Recommended By Chris - Nola Foreman Date: 7-3-00  
Approved By Deborah A Forsyth Plant Superintendent Date: 7/5/00  
Approved By G. Halahan Ass't Supt. Or Business Mgr. Date: 7/5/00  
Entered On Payroll Records Ch. Muramatsu Timekeeper Date: 7/5/00



Federal Prison Industries, Inc.

L

4



4. Register Number

5 3 6 2 7 0 6 0

S I G G E R S - K E V I N

**From:**

1 = Hourly  
2 = G.P.W.  
3 = P.W.

X = Apprentice

To:

19. Effective Date  
Month, Day, Year

20. Time Of Action

21. Check One: AM PM

L

4.

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

**26. Signatures:**

Date: 11-1-99

Date: 11/18/99

Date: 01/2/77

Date: 11/3/17

**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report**☐ 1

1. Type Of Report:

UNICOR Action = 1 IPRS Action = 2 Both = 3

☐ 2

2. If UNICOR Action

Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26

Enter 2 For Change In Employment Status, Complete Items 4 - 21, and 26

Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26

☐ 3

3. If IPRS Action

Enter 2 For Enrollment, Complete Items 4 - 6, 19

Enter 3 For Completion, Complete Items 4 - 6, 19

Enter 4 For Withdrawal, Complete Items 4 - 6, 19 - 22

4. Register Number

5. Resident Name (Last, First, Middle)

6. Institution Code

5 1 6 2 7 0 6 0

S I C C E R S K E V I N

2 3 1

**Action Recommended**From:

7. Job Number 1 - 4

8. Grade Code

9. Industry Code

10. Wage Plan

11. Dot Code

12. Position Title

1 0 1 5 4

M C F T

1 6 6 5 3 8 2 0 1 0

B O R I N G M A C H . O P E R .

To:

13. Job Number 1 - 4

14. Grade Code

15. Industry Code

16. Wage Plan

17. Dot Code

18. Position Title

1 0 1 5 3

M C F T

1 6 6 5 3 8 2 0 1 0

B O R I N G M A C H . O P E R .

19. Effective Date  
Month, Day, Year

20. Time Of Assignment

21. Check One:

AM

PM

0 6 1 0 1 9 9 3 1 6

☒ X ☐

22. Reason For Termination Of Employment Or Withdrawal

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  
5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

23. Continuation of Longevity Status

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

26. Signatures:

Recommended By Charles - Mole ForemanDate: 6-24-99Approved By [Signature] Plant SuperintendentDate: 6/25/99Approved By Jim Holahan Ass't Supt. Or Business Mgr.Date: 6/25/99Entered On Payroll Records Chin Muncany TimekeeperDate: 6/25/99



**UNICOR**  
Federal Prison Industries, Inc.

# Industrial Employment/IPRS Action Report

1	1. Type Of Report:	UNICOR Action = 1 IPRS Action = 2 Both = 3
2	2. If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4 - 21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26
	3. If IPRS Action	Enter 2 For Enrollment, Complete Items 4 - 6, 19 Enter 3 For Completion, Complete Items 4 - 6, 19 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 - 22
4. Register Number      5. Resident Name (Last, First, Middle)      6. Institution Code		
5 1 6 2 7 0 6 0      S I G G E R S , K E V I N      2 3 1		

<b>Action Recommended</b>					
From:					
7. Job Number	8. Grade 1-4	9. Industry Code	10. Wage Plan	11. Dot Code	12. Position Title
0 1 2	5	M C F T	1	7 6 9 6 8 7 0 5 4	W D W R K S H O P H A N D
1 = Hourly      2 = G.P.W.      3 = P.W.      X = Apprentice					
To:					
13. Job Number	14. Grade 1-4	15. Industry Code	16. Wage Plan	17. Dot Code	18. Position Title
0 1 2	4	M C F T	1	7 6 9 6 8 7 0 5 4	W D W R K S H O P H A N D
19. Effective Date Month, Day, Year		20. Time Of Action		21. Check One: AM PM	
0 4 - 2 2 - 9 9		0 7 1 0		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	

22. Reason For Termination Of Employment Or Withdrawal	
1 = Released    2 = Transferred    3 = Program Change    4 = Inmate Request 5 = Program Discontinued    6 = Control Purposes    7 = Institutional Needs	
23. Continuation of Longevity Status	
1 = yes    0 = no    2 = no    (For use only when termination is for release (MR or parole).)	

24. Date Of Enrollment Month, Day, Year	
25. Total Inmate Hours Involved	

**26. Signatures:**

Recommended By <u>[Signature]</u>	Foreman	Date: <u>4-13-99</u>
Approved By <u>[Signature]</u>	Plant Superintendent	Date: <u>4/16/99</u>
Approved By <u>[Signature]</u>	Ass't Supt. Or Business Mgr.	Date: <u>4/13/99</u>
Entered On Payroll Records <u>[Signature]</u>	Timekeeper	Date: <u>4/13/99</u>

**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report**☒ 3

1. Type Of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

☒ 1

2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26  
 Enter 2 For Change In Employment Status, Complete Items 4 - 21, and 26  
 Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26

☒ 2

3. If IPRS Action Enter 2 For Enrollment, Complete Items 4 - 6, 19  
 Enter 3 For Completion, Complete Items 4 - 6, 19  
 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 - 22

4. Register Number  
5 1 6 2 7 - 0 6 0

5. Resident Name (Last, First, Middle)

S I G G H R S , K E V I N

6. Institution Code

2 3 1

**Action Recommended**From:

7. Job Number

8. Grade 1 - 4

9. Industry Code

10. Wage Plan

11. Dot Code

12. Position Title

0 1 2 5

M C H T

1 7 6 9 6 8 7 0 5 4

W D W R K S H O P H A N D

1 = Hourly

2 = G.P.W.

3 = P.W.

X = Apprentice

To:

13. Job Number

14. Grade 1 - 4

15. Industry Code

16. Wage Plan

17. Dot Code

18. Position Title

19. Effective Date  
Month, Day, Year

20. Time Of Action

21. Check One: AM PM

0 5 2 3 - 9 9

0 7 1 0

☒ X ☐☐

22. Reason For Termination Of Employment Or Withdrawal

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  
 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

☐

23. Continuation of Longevity Status

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

**26. Signatures:**Recommended By [Signature] ForemanDate: 3-23-99Approved By [Signature] Plant SuperintendentDate: 3/25/99Approved By [Signature] Ass't Supt. Or Business Mgr.Date: 3/25/99Entered On Payroll Records [Signature] TimekeeperDate: 3/23/99

NOTE: THIS FORM MUST BE SUBMITTED  
2 WEEKS IN ADVANCE.



U.S. Department of Justice

**UNICOR**

Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATIONMill-1

(DEPARTMENT)

ENTERED  
9/6  
September 6, 2005

36:15

(DATE)

NAME: SIGGERS, KEVIN

(LAST)

(FIRST)

51627-060

(REGISTRATION NUMBER)

I REQUEST TO TAKE 2 DAY(S) OFF!**FILE COPY**STARTING ON: September 26, 2005

(DATE)

AWARD DAYS ? (NO)

I REQUEST TO CASH IN MY VACATION: (O YES) (O NO)  
(MUST BE ANNIVERSARY DATE)

INMATES SIGNATURE: [Signature]

APPROVED BY:

[Signature]  
(WORK SUPERVISOR)[Signature]  
(DEPARTMENT HEAD)**BUSINESS OFFICE USE ONLY!!**THE ABOVE NAMED INMATE STARTED UNICOR ON: January 12, 2004, AND HAS ACCUMULATED36.15

HOURS VACATION.

AND

0.00

AWARD HOURS.

36.15

BEGINNING HOURS.

0.00

AWARD HOURS USED.

36.15

ENDING HOURS.

COMPUTED BY: Glen Rencher  
(TIMEKEEPER)REVIEWED BY: [Signature]  
(ACCOUNTANT)APPROVED: [Signature]

DISAPPROVED: \_\_\_\_\_

\*\*\* PLEASE STATE REASONS WHY IF DISAPPROVED. \*\*\*

SIGNATURE: [Signature]

(Superintendent of Industries)

CC: INMATE (1)  
FACTORY OFFICE (1)  
BUSINESS OFFICE (2)

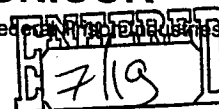
NOTE: THIS FORM MUST BE SUBMITTED  
2 WEEKS IN ADVANCE.

U.S. Department of Justice



UNICOR

Federal Prison Industries, Inc.



## REQUEST FOR INMATE VACATION

Mill-1

(DEPARTMENT)

July 18, 2005

(DATE)

NAME: **SIGGERS, KEVIN**

(LAST)

(FIRST)

51627-060

(REGISTRATION NUMBER)

I REQUEST TO TAKE 1 DAY(S) OFF!STARTING ON: **July 26, 2005**

(DATE)

AWARD DAYS ? (NO)

I REQUEST TO CASH IN MY VACATION: (O YES) (● NO)  
(MUST BE ANNIVERSARY DATE)

INMATES SIGNATURE:

FILE COPY

(WORK SUPERVISOR)

APPROVED BY:

(DEPARTMENT HEAD)

## BUSINESS OFFICE USE ONLY!!

THE ABOVE NAMED INMATE STARTED UNICOR ON: **January 12, 2004**, AND HAS ACCUMULATED**43.30**HOURS VACATION. AND **0.00** AWARD HOURS.

<b>43.30</b>	BEGINNING HOURS.
<b>0.00</b>	AWARD HOURS USED.
<b>43.30</b>	ENDING HOURS.

COMPUTED BY: **Glen Rencher**  
(TIMEKEEPER)

REVIEWED BY:   
(ACCOUNTANT)

APPROVED:

DISAPPROVED: \_\_\_\_\_

\*\*\* PLEASE STATE REASONS WHY IF DISAPPROVED. \*\*\*

SIGNATURE:

(Superintendent of Industries)

CC: INMATE (1)  
FACTORY OFFICE (1)  
BUSINESS OFFICE (2)



U.S. DEPARTMENT OF JUSTICE  
Federal Bureau of Prisons

## INMATE REQUEST TO STAFF MEMBER

DATE: 4-14-05TO: Mr. COOK

(Name and title of officer)

Subject: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details)

I would like to work in Mill T  
'NOTES DEPT.' on the first table. Keeping  
my grade (>) two.

THANK you.

Name: SIGGERS, KEVINNo.: 51627060Work assignment: A.M. UNILONEUnit: CB

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE: \_\_\_\_\_

MOVED FROM  
PROD.1 TO MILL 1

5/5/05

OK Rook  
4-14-05

OK WITH MR

CHANCE 4-14-05

EFFECTIVE

~~4-14-05~~ 4-19-05



UNICOR

Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

I.D. I  
DEPARTMENT

10/18/00 10/27  
DATE PDV 30:00

NAME:

LAST

FIRST

REGISTRATION NUMBER

Silence Kevin

51627060

I REQUEST VACATION FROM      TO     

CASH IN  
PDV 30:00

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF       
(MUST BE ANNIVERSARY DATE).

[Signature]  
INMATES SIGNATURE

APPROVED BY:

APPROVED BY:

[Signature]  
WORK SUPERVISOR

[Signature]  
DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 1/12/2004, AND  
HAS ACCUMULATED 30:00 HAS DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT 7:15 HAS PER MONTH.

(1/2) (1)

COMPUTED BY:

REVIEWED BY:

FINAL APPROVED BY:

[Signature]  
TIMEKEEPER

[Signature]  
ACCOUNTANT

[Signature]  
SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED:     

DISAPPROVED:     

PLEASE STATE REASONS WHY IF  
DISAPPROVED.

SIGNATURE     

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.  
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)





UNICOR

Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

Pod I  
DEPARTMENT

8/17/04  
DATE

8/19  
37.15

NAME: SIGGENS LAST KEVIN FIRST

51607060  
REGISTRATION NUMBER

I REQUEST VACATION FROM 9/24 TO 9/28

2 DAYS

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF \_\_\_\_\_  
(MUST BE ANNIVERSARY DATE).

[Signature]  
INMATES SIGNATURE

APPROVED BY:

[Signature]  
WORK SUPERVISOR

APPROVED BY:

[Signature]  
DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 1/12 2004, AND  
HAS ACCUMULATED 37.15 HRS DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT 7.15 HRS PER MONTH.

(1/2) (1)

COMPUTED BY:

[Signature]  
TIMEKEEPER

REVIEWED BY:

[Signature]  
ACCOUNTANT

FINAL APPROVED BY:

[Signature]  
SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

PLEASE STATE REASONS WHY IF  
DISAPPROVED.

SIGNATURE \_\_\_\_\_

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.  
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

NOTE: THIS FORM MUST BE SUBMITTED 2  
WEEKS IN ADVANCE.



U.S. Department of Justice

**UNICOR**

Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

MILL I  
DEPARTMENT

DATE

11/13/03

37:30

51627-060

REGISTRATION NUMBER

NAME: LAST FIRST

SIGGERS, KEVIN

I REQUEST VACATION FROM X TO X

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF CASH 37:30  
(MUST BE ANNIVERSARY DATE).

INMATES SIGNATURE

APPROVED BY:

WORK SUPERVISOR

APPROVED BY:

DEPARTMENT HEAD

## BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/29 2000, AND  
HAS ACCUMULATED 37:30 DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT 7:30 DAY PER MONTH.

(1/2) (1)

COMPUTED BY:

TIMEKEEPER

REVIEWED BY:

ACCOUNTANT

FINAL APPROVED BY:

SUPERINTENDENT

UNIT TEAM ACTION:

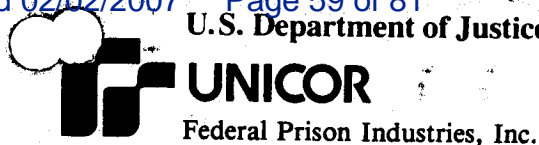
APPROVED: \_\_\_\_\_

DISAPPROVED \_\_\_\_\_

PLEASE STATE REASONS WHY IF  
DISAPPROVED.

SIGNATURE \_\_\_\_\_

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.  
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



REQUEST FOR INMATE VACATION

Federal Correctional Institution  
Ray Brook, NY 12977

MILL T  
DEPARTMENT

6/2/03  
DATE

6/16  
52:30

SIGGERS, KEVIN  
NAME: LAST FIRST

51627-060  
REGISTRATION NUMBER

I REQUEST VACATION FROM X TO X

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF 52:30 CASH  
(MUST BE ANNIVERSARY DATE).

[Signature]  
INMATES SIGNATURE

APPROVED BY:

[Signature]  
WORK SUPERVISOR

APPROVED BY:

[Signature]  
DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/29 1990, AND  
HAS ACCUMULATED 52:30 hrs DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT 7:30 hrs PER MONTH.

(1/2) (1)

COMPUTED BY:

[Signature]  
TIMEKEEPER

REVIEWED BY:

[Signature]  
ACCOUNTANT

FINAL APPROVED BY:

[Signature]  
SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

PLEASE STATE REASONS WHY IF  
DISAPPROVED.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.  
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

NOTE: THIS FORM MUST BE SUBMITTED 2  
WEEKS IN ADVANCE.



U.S. Department of Justice

**UNICOR**

Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATIONDEPARTMENT 111 +DATE 6/20/00 00  
7:30 in JulyNAME: 111 +LAST Kevin

FIRST

REGISTRATION NUMBER 11127060I REQUEST VACATION FROM 7-5 TO 7-6

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF \_\_\_\_\_  
(MUST BE ANNIVERSARY DATE).

INMATES SIGNATURE [Signature]APPROVED BY: [Signature]

WORK SUPERVISOR

APPROVED BY: \_\_\_\_\_

DEPARTMENT HEAD

## BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/29 2000, AND  
HAS ACCUMULATED 60 DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT 7.00 <sup>hrs</sup> DAY PER MONTH.

(½) (1)

COMPUTED BY: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

FINAL APPROVED BY: \_\_\_\_\_

TIMEKEEPER

ACCOUNTANT

SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

PLEASE STATE REASONS WHY IF  
DISAPPROVED.

SIGNATURE \_\_\_\_\_

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.  
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**UNICOR**

Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

MILL I  
DEPARTMENT

6-03-02  
DATE

670  
67:30

SIGGENS KEVIN  
NAME: LAST FIRST

51627040  
REGISTRATION NUMBER

I REQUEST VACATION FROM \_\_\_\_\_ TO \_\_\_\_\_

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF X ALL  
(MUST BE ANNIVERSARY DATE).

[Signature]  
INMATES SIGNATURE

APPROVED BY:  
[Signature]  
WORK SUPERVISOR

APPROVED BY:  
[Signature]  
DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6-29 1900, AND  
HAS ACCUMULATED 67:30 DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT 7:30 DAY PER MONTH.

(1/2) (1)

COMPUTED BY:  
[Signature]  
TIMEKEEPER

REVIEWED BY:  
[Signature]  
ACCOUNTANT

FINAL APPROVED BY:  
[Signature]  
SUPERINTENDENT

UNIT TEAM ACTION: APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_  
PLEASE STATE REASONS WHY IF  
DISAPPROVED.

SIGNATURE \_\_\_\_\_

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.  
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



U.S. Department of Justice

UNICOR

Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

Mill I  
DEPARTMENT

11-14-01  
DATE

22:30

NAME: SEBENS LAST Kevin FIRST 51677060 REGISTRATION NUMBER

I REQUEST VACATION FROM 11/23 TO 11/24 (1 DAY)

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF \_\_\_\_\_  
(MUST BE ANNIVERSARY DATE).

[Signature]  
INMATE'S SIGNATURE

APPROVED BY:

[Signature]  
WORK SUPERVISOR

APPROVED BY:

\_\_\_\_\_  
DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/73 19\_\_\_\_, AND  
HAS ACCUMULATED \_\_\_\_\_ DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT \_\_\_\_\_ DAY PER MONTH.

(1/2) (1)

COMPUTED BY:

\_\_\_\_\_  
TIMEKEEPER

REVIEWED BY:

\_\_\_\_\_  
ACCOUNTANT

FINAL APPROVED BY:

[Signature]  
SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED: \_\_\_\_\_

DISAPPROVED \_\_\_\_\_

PLEASE STATE REASONS WHY IF  
DISAPPROVED.

SIGNATURE \_\_\_\_\_

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.  
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

NOTE: THIS FORM MUST BE SUBMITTED 2  
WEEKS IN ADVANCE.



U.S. Department of Justice

**UNICOR**

Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATIONMill T  
DEPARTMENT

DATE

9/19/01

15:00

SILVER - Kevin  
NAME: LAST FIRST51627040  
REGISTRATION NUMBERI REQUEST VACATION FROM 9/1 TO 9/1

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF \_\_\_\_\_  
(MUST BE ANNIVERSARY DATE).

[Signature]  
INMATES SIGNATURE

APPROVED BY:

[Signature]  
WORK SUPERVISOR

APPROVED BY:

[Signature]  
DEPARTMENT HEAD

## BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/29 192001, AND  
HAS ACCUMULATED 1500 DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT 1.30 DAY PER MONTH.

(1/2) (1)

COMPUTED BY:

REVIEWED BY:

FINAL APPROVED BY:

[Signature]  
TIMEKEEPER[Signature]  
ACCOUNTANT[Signature]  
SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED: \_\_\_\_\_

DISAPPROVED \_\_\_\_\_

PLEASE STATE REASONS WHY IF  
DISAPPROVED.

SIGNATURE \_\_\_\_\_

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.  
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

U.S. DEPARTMENT OF JUSTICE  
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

DATE: 8-5-01

TO: Mr. ~~PAROTTI~~ PAROTTI  
(Name and title of officer)

Subject: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

I would like to switch to  
the PANEL SAW position you HAVE  
OPEN

THANKS!!!

**POSTED**

Name: Siggers, Kevin No.: 51627060

Work assignment: R.M. UNILONG Unit: CA

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE:

OK  
WITH me  
Chalpin  
8-6-01

*[Signature]*  
OK

PROD I  
-10  
MILL  
8/24/01





**UNICOR**

Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

Proc. I  
DEPARTMENT

6-29-01  
DATE

6/29/01  
37130

Stacy Reynolds  
NAME: LAST FIRST REGISTRATION NUMBER

I REQUEST VACATION FROM \_\_\_\_\_ TO \_\_\_\_\_

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF ALL  
(MUST BE ANNIVERSARY DATE).

[Signature]  
INMATES SIGNATURE

APPROVED BY:

[Signature]  
WORK SUPERVISOR

APPROVED BY:

\_\_\_\_\_  
DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/29/00 19\_\_\_\_, AND  
HAS ACCUMULATED 3200 DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT 20 DAY PER MONTH.

(1/2) (1)

COMPUTED BY:

[Signature]  
TIMEKEEPER

REVIEWED BY:

[Signature]  
ACCOUNTANT

FINAL APPROVED BY:

\_\_\_\_\_  
SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED: \_\_\_\_\_

DISAPPROVED \_\_\_\_\_

PLEASE STATE REASONS WHY IF  
DISAPPROVED.

SIGNATURE \_\_\_\_\_

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.  
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

DATE: 3-02-01

TO: Mr. Pannott. (Mill I Supervisor)

(Name and title of officer)

Subject: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

Sir, I would like to change work Departments.  
I have tried to get along with my co-worker, Buts things  
Just keep Flaming up Mr. Nolan said He can use me  
in His Department. Im just trying to avoid a conflict  
with this guy. I thank you for your help  
with this matter.

*OK [Signature]*

Name: Kevin C. Siggers

No.: 51627060

Work assignment: AM UNICONS

Unit: CA

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE: \_\_\_\_\_

MILL I  
70  
PROD I  
3/6/01

OK WITH ME  
C. Nolan  
Chad - Me



REQUEST FOR INMATE VACATION

M I I I  
DEPARTMENT

9-20-00  
DATE

9/20  
15:00

NAME: SIGGERS LAST Kevin FIRST -16-7-060 REGISTRATION NUMBER

I REQUEST VACATION FROM 9/20 TO 9/27 (2 Days) CASH IN

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF \_\_\_\_\_  
(MUST BE ANNIVERSARY DATE).

[Signature]  
INMATES SIGNATURE

APPROVED BY: [Signature]  
WORK SUPERVISOR

APPROVED BY: \_\_\_\_\_  
DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/22 192000, AND  
HAS ACCUMULATED 12.00 DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT 1.00 DAY PER MONTH.

(1/2) (1)

COMPUTED BY: \_\_\_\_\_  
TIMEKEEPER

REVIEWED BY: \_\_\_\_\_  
ACCOUNTANT

FINAL APPROVED BY: \_\_\_\_\_  
SUPERINTENDENT

UNIT TEAM ACTION: \_\_\_\_\_ APPROVED: \_\_\_\_\_

DISAPPROVED \_\_\_\_\_

PLEASE STATE REASONS WHY IF  
DISAPPROVED.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.  
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

U.S. DEPARTMENT OF JUSTICE  
Federal Bureau of Prisons

# INMATE REQUEST TO STAFF MEMBER

DATE: <sup>SEPT. 18</sup> ~~SEP 18~~ 2000

TO: MR. PEROTTI (MILL I Supervisor)  
(Name and Title of Officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give Details).

SIR I would like to change my job, to  
work in MILL I Department. I have gotten the  
permission from Mr. Nolan to change jobs.

Name: KEVIN L. SIGGERS SR. No: 51627060  
Work Assignment: UNICORP A.M Unit: CA

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

Date: \_\_\_\_\_

*[Signature]*

OK  
Chen-Moe  
9-18-00

MOVE  
FROM PROD F  
TO  
MILL I  
9/20/00  
Officer

Original-File  
Canary-Inmate

FCI McKean

Previously BP-Admin-70

BP-148(70)  
July 1<sup>st</sup>

*[Signature]*

Employee Work HistoryName: Siggers, Kevin No. #51627-060Hire Date: 03/23/99 Prior UNICOR Credit Accepted: 00 MonthsYear: 1999

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan					
Feb					
Mar	1	3:45		3:45	<i>[Signature]</i>
Apr	2	3:45		7:30	<i>[Signature]</i>
May	3	3:45	<i>Pov 11:15</i>	0:00	<i>[Signature]</i>
Jun	4	3:45		3:45	<i>[Signature]</i>
Jul	5	3:45		7:30	<i>[Signature]</i>
Aug	6	3:45		11:15	<i>[Signature]</i>
Sep	7	3:45	7:30	7:30	VAC 9/27
Oct					
Nov					
Dec					

Year: 2000

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan					
Feb					
Mar					
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					

Year: 2001

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan					
Feb					
Mar					
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					

MCK2G 531.01 \*  
PAGE 001 OF 001 \*

INMATE HISTORY  
WRK DETAIL

\* 03-22-1999  
\* 13:27:07

REG NO.: 51627-060 NAME: SIGGERS, KEVIN LAMAR  
CATEGORY: WRK FUNCTION: PRT FORMAT:

**POSTED**

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP	DATE/TIME
MCK	KITCHEN AM	KITCHEN AM	01-14-1999 0001	CURRENT	
MCK	IDLE	IDLE	01-13-1999 0716	01-14-1999 0001	
MCK	KITCHEN AM	KITCHEN AM	12-02-1998 0001	01-13-1999 0716	
MCK	DIN RM AM	DINING ROOM AM	11-20-1998 1348	12-02-1998 0001	
MCK	FD SVC	FOOD SERVICE	11-19-1998 0001	11-20-1998 1348	
MCK	LAND IN 1	INSIDE LANDSCAPE FULL-TIME	11-05-1998 0001	11-19-1998 0001	
MCK	LAND IN 2	INSIDE LANDSCAPE FULL-TIME	11-04-1998 0001	11-05-1998 0001	
MCK	FACL	FACILITIES OFFICE	11-03-1998 0001	11-04-1998 0001	
MCK	UNASSG	UNASSIGNED	10-28-1998 0001	11-03-1998 0001	
MCK	A&O	ADMISSION & ORIENTATION	10-21-1998 1015	10-28-1998 0001	
LEW	UNASSG	UNASSIGNED WORK DETAIL	10-13-1998 1921	10-21-1998 0516	
OKL	UNASSG	UNASSIGNED HOLDOVER	09-23-1998 1800	10-13-1998 0830	
ATL	UNASSG	UNASSIGNED WORK DETAIL	05-06-1998 0050	05-06-1998 0818	
OKL	UNASSG	UNASSIGNED HOLDOVER	05-01-1998 1915	05-05-1998 0830	
RCH	UNASSG	UNASSIGNED WORK DETAIL	03-26-1998 1851	05-01-1998 1508	
OKL	UNASSG	UNASSIGNED HOLDOVER	03-18-1998 1815	03-26-1998 0920	

*F/NR*

*LAVUP I*  
*3/23/99*

DATE: 10/28/99 07:23  
INMATE PAYROLL

INMATES NOT WORKING FOR 30 DAYS  
REPORT DATE: 10/30/99

PAGE: 1  
USER ID: sa1cl

Name	Reg-num	Fact Group	Crew	Last Lbr LT
SIGGERS, KEVIN	51627-060	FT ft130	Assembly 1	09/29/99



**UNICOR**  
Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

Assy 1  
DEPARTMENT

DATE

NAME:

LAST

FIRST

REGISTRATION NUMBER

I REQUEST VACATION FROM 7/14/97 TO 7/30

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF \_\_\_\_\_  
(MUST BE ANNIVERSARY DATE).

INMATES SIGNATURE

APPROVED BY:

WORK SUPERVISOR

APPROVED BY:

DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE Mar 19 99, AND  
HAS ACCUMULATED 730 DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT 345 DAY PER MONTH.

(1/2) (1)

COMPUTED BY:

TIMEKEEPER

REVIEWED BY:

ACCOUNTANT

FINAL APPROVED BY:

SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED: \_\_\_\_\_

DISAPPROVED \_\_\_\_\_

PLEASE STATE REASONS WHY IF  
DISAPPROVED.

SIGNATURE \_\_\_\_\_

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.  
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



BP-S148.070 INMATE REQUEST TO STAFF MEMBER CDFRM  
APR 94

## UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

DATE MAY 19, 1999TO: Mr. Pignotti  
(Name and Title of Officer)

SUBJECT: State completely but briefly the problem on which you desire assistance and what you think should be done (Give details).

I would like my Jod changed to  
 The Vertical Boring Machine on the Assembly  
 line. I've spoke to Mr. Nolan and was told  
 to have you sign this INMATE REQUEST ~~Form~~ Form  
 Releasing me to work in the Assembly Dept. I thank  
 you for Time concerning this MATTERS.

OK OR REFUSED**POSTED**

(Use other side of page if more space is needed)

 NAME: KEVIN L. Siggers Sr. NO.: 51627-060  
 WORK ASSIGNMENT: LAY UP I UNIT: 3A

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: Do not write in this space)

DATE 5-19-99

OK WITH ME

Officer

 LAYUP I  
 TO  
 ASSN I

5/25/99

**UNICOR McKean  
Federal Prison Industries, Inc.  
Federal Correctional Institution  
McKean, Pa. 16701**


**JOB DESCRIPTION REPORT**

Inmate's Name: Siggers, Kevin Register Number: 51627-060  
Institution Code: 231 Industry Code: MCFT

Job Description: Woodworking Shophand Department: Layup 1

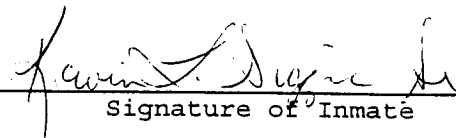
*Duties: Responsible for stacking, cushioning and wrapping product. Secures load with steel strapping. Responsible for visually inspecting all materials being packed for surface defects or blemishes. All other duties as assigned in UNICOR.*

I have instructed inmate KEVIN L. SIGGERS SR. Reg. No. 51627-060 in the proper procedures in which to implement his assigned work detail, which includes standard maintenance, safety procedures, and routine use.

  
Foreman

4-12-99  
Date

I have received proper instruction on how to implement my job assignment. If I have any problem with implementing my assigned job, I am instructed to contact my foreman immediately.

  
Signature of Inmate

51627-060  
Register Number

4-12-99  
Date

Date: April 23, 1999

[illegible]

BP-5148.070 INMATE REQUEST TO STAFF MEMBER CDFRM  
APR 94

## UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

DATE 3-21-99TO: UNICON SUPERVISOR  
(Name and Title of Officer)

SUBJECT: State completely but briefly the problem on which you desire assistance and what you think should be done (Give details).

I HAVE the RELEASE BY my  
CURRENT SUPERVISOR TO WORK IN the  
UNICON FACTORYKITCHEN SUPERVISOR

(Use other side of page if more space is needed)

NAME: KEVIN L. Siggins Sr NO.: 51627-060WORK ASSIGNMENT: veg. prep UNIT: 3A

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: Do not write in this space)

DATE 3-22-99M. HENRY CHIEF SUPERVISORM. Henry  
Officer

Record Copy - File; Copy - Inmate

(This form may be replicated via WP) Replaces BP-148 of Oct 86

PRODUCTION-1

REHIRE

**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report****3**

1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

**2**

2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26  
 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26  
 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26

**1**

3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19  
 Enter 3 For Completion, Complete Items 4-6, 19  
 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22

4. Register Number

5. Resident Name (Last, First, Middle)

6. Institution Code

5 1 6 2 7 - 0 6 0

S I G G E R S , K E V I N

2 3 1

**Action Recommended**From:

7. Job Number 8. Grade 1 - 4 9. Industry Code 10. Wage Plan 11. Dot Code 12. Position Title

0 1 2 2 M C F T 1 7 6 9 6 8 7 0 5 4 W D W R K S H O P H A N D

1 = Hourly

2 = G.P.W.

3 = P.W.

X = Apprentice

To:

13. Job Number 14. Grade 1 - 4 15. Industry Code 16. Wage Plan 17. Dot Code 18. Position Title

19. Effective Date Month, Day, Year 20. Time of Action 21. Check One: AM PM

0 1 - 1 2 - 0 4

M C F T

X

**22. Reason For Termination Of Employment Or Withdrawal**

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  
 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

**23. Continuation of Longevity Status**

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

**26. Signatures:**Recommended By [Signature] ForemanDate: 1-12-04Approved By [Signature] Plant SuperintendentDate: 1/12/04Approved By [Signature] Ass't Supt. Or Business Mgr.Date: 1/12/04Entered On Payroll Records [Signature] TimekeeperDate: 1-12-04



**UNICOR**  
 Federal Prison Industries, Inc.

# Industrial Employment/IPRS Action Report

☒ 1. Type of Report UNICOR Action = 1 IPRS Action = 2 Both = 3

☒ 2 If UNICOR Action  
 Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24 and 26  
 Enter 2 For Change in Employment Status, Complete Items 4-21, and 26  
 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26

☒ 3. If IPRS Action  
 Enter 2 For Enrollment, Complete 4-6, 19  
 Enter 3 For Completion, Complete 4-6, 19  
 Enter 4 For Withdrawal, Complete 4-6, 19, 22

4. Registration Number 5. Resident Name (Last, First, Middle) 6. Institution Code

5 1 6 2 7 - 0 6 0 S I G G E R S K E V I N 2 3 1

## Action Recommended

From:

7. Job Number 8. Grade 9. Industry Code 10. Wage Plan 11. Dot Code 12. Position Title

O 1 1 2 M C F T 1 6 6 7 6 8 2 0 2 2 P A N E L S A W O P E R A T

1 = Hourly  
 2 = G.P.W.  
 3 = P.W.  
 X = Apprentice

To:

13. Job Number 14. Grade 15. Industry Code 16. Wage Plan 17. Dot Code 18. Position Title

O 1 4 2 M C F T 1 2 2 1 1 6 7 0 1 4 M A T E R I A L C O O R D I N

19. Effective Date 20. Time of Action 21. Check One: AM PM

Month, Day, Year 0 4 - 0 7 - 0 5 0 7 1 0 X

☐ 22. Reason For Termination Of Employment Or Withdrawal

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  
 5 = Program Discontinued 6 = Control Purposes 7 = Institution Needs

☐ 23. Continuation of Longevity Status

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).

☐ 24. Date Of Enrollment Month, Day, Year

☐ 25. Total Inmate Hours Involved

## 26. Signatures:

Recommended By Foreman

Date: 4-7-05

Approved By \_\_\_\_\_ Plant Superintendent

Date: \_\_\_\_\_

Approved By Ass't Supt. Or Business Mgr.

Date: \_\_\_\_\_

Entered On Payroll Records Timekeeper

Date: 4/7/05

# UNICOR

(FCI McKean)

## "Notice of Unsatisfactory Work Performance"

To: Siggers, Kevin Number: 51627-060 Date: 3/11/02  
 (Name: Last, First)

UNICOR McKean start date: \_\_\_\_\_ Current Grade: 2 Unit: CA  
 This is to advise you of your unsatisfactory work performance on: 3/11/02

Specifically: Inmate Siggers was observed on the production floor lighting matches. Inmate Siggers was attempting to melt the plastic tip of a cigar. This behavior is unsafe because of the flammable materials on the factory floor.

### Supervisor's Recommendation:

- 1) Written Warning \_\_\_\_\_
- 2) Grade Reduction from 2 to 3; No. of days 90 30
- 3) Job Change \_\_\_\_\_
- 4) Removal \* \_\_\_\_\_
- 5) Other \_\_\_\_\_

\*Third offenses, whether related acts, or not, automatically require the recommendation for "Removal." All recommendation for "Removal" must be approved by the Superintendent of Industries.

[Signature]  
 Inmate Signature Date

[Signature] 3/11/02  
 Staff Signature Date

Final disposition: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3/11 → 4/11  
 (u)

[Signature]  
 Superintendent of Industries Date



# UNICOR

(FCI McKean)

## "Notice of Unsatisfactory Work Performance"

To: Siggers, Kevin Number: 51627-060 Date: 3/6/02  
(Name: Last, First)

UNICOR McKean start date: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Unit: CA  
This is to advise you of your unsatisfactory work performance on: \_\_\_\_\_

Specifically: Inmate Siggers had in his possession, AVIATOR playing cards in the UNICOR Factory. Inmate Siggers had signed a Rules & regulation paper when he started UNICOR stating that Inmate Workers are prohibited from bringing personal property into the factory (Rule # 12)

### Supervisor's Recommendation:

- 1) Written Warning \_\_\_\_\_
- 2) Grade Reduction from \_\_\_\_ to \_\_\_\_; No. of days \_\_\_\_
- 3) Job Change \_\_\_\_\_
- 4) Removal \* \_\_\_\_\_
- 5) Other \_\_\_\_\_

\*Third offenses, whether related acts, or not, automatically require the recommendation for "Removal." All recommendation for "Removal" must be approved by the Superintendent of Industries.

[Signature]  
Inmate Signature Date

[Signature] 3/6/02  
Staff Signature Date

Final disposition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Superintendent of Industries Date

## FACTORY RULES AND REGULATIONS

NAME Kevin L. Siggers UNIT CA LOCKER# \_\_\_\_\_ CHIT# \_\_\_\_\_

1. INMATE WORKERS ARE FORBIDDEN TO LEAVE THE DEPARTMENT TO WHICH THEY ARE ASSIGNED, UNLESS THEY RECEIVE PERMISSION FROM THEIR FOREMAN OR SUPERVISOR. WHEN ENTERING ANOTHER DEPARTMENT, THEY MUST REPORT IMMEDIATELY TO THE SUPERVISOR IN CHARGE. INMATE WORKERS ON CALL-OUT MUST NOTIFY THEIR FOREMAN OR SUPERVISOR PRIOR TO LEAVING ON A CALL-OUT, AND ONCE THEY RETURN FROM A CALL-OUT.
2. ALL INMATES MUST WEAR STEEL TOE SAFETY SHOES WHILE WORKING IN UNICOR.
3. SAFETY GLASSES MUST BE WORN AT ALL TIMES WHILE IN THE FACTORY.
4. HEARING PROTECTION MUST BE WORN AT ALL STATIONS DESIGNATED AS HIGH NOISE LEVEL AREAS.
5. INMATES WILL PERFORM ANY ASSIGNED DUTIES GIVEN TO THEM BY ANY FOREMAN OR SUPERVISOR.
6. INMATE WORKERS WILL ONLY PERFORM TASKS THAT ARE ASSIGNED TO THEM. OPERATING ANY MACHINERY OR EQUIPMENT, OR PERFORMING ANY OPERATION THAT HAS NOT BEEN SPECIFICALLY ASSIGNED BY A SUPERVISOR IS STRICTLY FORBIDDEN AND WILL BE SUBJECT TO AN INCIDENT REPORT.
7. OPERATING ANY EQUIPMENT WITHOUT USING THE SAFETY GUARDS PROVIDED, OR REMOVAL OF SAID GUARDS IS FORBIDDEN AND SUBJECT TO DISCIPLINARY ACTION.
8. HORSEPLAY WILL NOT BE TOLERATED AND IS SUBJECT TO REMOVAL FROM UNICOR EMPLOYMENT.
9. FORKLIFT OPERATORS ARE THE ONLY ONES AUTHORIZED TO RIDE ON THE FORKLIFTS. DO NOT RIDE ON THE FORKLIFTS OR PALLET-TRUCKS.
10. REPORT ALL SAFETY HAZARDS TO YOUR SUPERVISOR IMMEDIATELY. DO NOT CONTINUE TO WORK UNDER UNSAFE CONDITIONS.
11. ALL INJURIES, NO MATTER HOW MINOR, SHOULD BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY.
- ~~12. ALL INMATE WORKERS ARE PROHIBITED FROM BRINGING PERSONAL PROPERTY INTO OR TAKING UNAUTHORIZED ITEMS OUT OF UNICOR.~~
13. THE FABRICATION OR REPAIR OF PERSONAL ITEMS ON GOVERNMENT EQUIPMENT IS AGAINST THE REGULATIONS AND IS PROHIBITED IN THE UNICOR FACTORY.
14. THERE WILL BE ABSOLUTELY NO SMOKING IN THE FACTORY, EXCEPT IN DESIGNATED AREAS. ANY VIOLATION OF THIS RULE WILL RESULT IN AN IMMEDIATE INCIDENT REPORT AND POSSIBLE DISMISSAL FROM UNICOR EMPLOYMENT.
15. WORK STOPS 10 MINUTES PRIOR TO LUNCH FOR TOOL CALL AND WASH UP, AND 20 MINUTES PRIOR TO RECALL FOR TOOL CHECK IN, AREA CLEAN UP, AND TO WASH UP.
16. INMATES WHO RECEIVE A DISCIPLINARY SEGREGATION SANCTION ARE SUBJECT TO TERMINATION FROM UNICOR EMPLOYMENT, AND WILL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.
17. INMATES WHO HAVE TRANSFERRED FROM ANOTHER INSTITUTION DUE TO DISCIPLINARY REASONS WILL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.

I understand the above rules and regulations, and understand that disregard for any of the above shall constitute a reason for my termination from UNICOR Employment.

Signature: [Signature] Register No: 51627060 Date: 6-29-02